TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

executed within 24 hours

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The la etained by the hospital or attending physician. potified of once.

must be

medicol exam

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or frem 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0 REG. NO.	8150
T DECEASED NAME FIRST	MIDOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR . 26 HOUR
Cora	ф	Baggs	July 11, 19	80 1423 M
3_SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	White	5 19 MILL 898	82 YRS	MONTHS DAYS HOURS MIN
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 _ ~	9 BALTIMORE CITY OR COUNT	TY OF DEATH
Md •	USA	MARRIED NEVER MARRIED MIDOWED DIVORCED	Carroll	MD.
10 CITY OR TOWN OF DEATH	4.4.4.4	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Westminster		Gen. Hosp.	(TYPE OF WORK FOR MOST OF WORKING	home
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE AOMISSION)		Home
13a. STATE 13b CO			13e STREET ADDRESS	
Md Ca	rroll Westmi	IS MOTHER'S MAIDEN NA	69 Smith Ave.	
FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
Walter	T Bagg		M	Smeak
160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 16b SOCIAL SE GIVE WAR OR GATES)	CURITY NO. 17 INFORMANT	ADDRESS	
no -	- 218-07	-0315T Walter Bagg	s. Westminster	, Md
Conditions, if any, which gove rise to immediate cause to stating the underlying cause last	(c)	DUENCE OF Heart Disease		
PART 2. OTHER SIGNIFICAN	t conditions <u>contributing t</u>	O DEATH BUT NOT RELATED TO THE TERM	ainal disease or condition G	IVEN IN PART 1(0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\) NO \(\)
OR CONTRIBUTION OF CHIEF OF		DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
OR COUNTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive	spital) attended the deceased from an analysis with body after death.	DEGREE	death occurred on the date and ha	that (I) (we) lost our and from the causes stated 222. DATE SIGNED
22d. PHY SICIAN'S NAME (TYPE	E OR PRINT!	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	July 11, 198
SOHN S.	WARSHEY M	D. 8 auchon	St. Westmen	te rul, 21157

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 7/14/80 24 FUNERAL DIRECTOR

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Cem

23d. LOCATION

COUNTY

STATE

Pikesvill Balt.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

JUL 1 5 1980

0 6 1 8 1 0 6 the state of the s

deoth. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN The law

the ottending physician and campletely filled in by the fur remove carbanpapers. Pages 1 and 2 should be filed within

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

1 -	- STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG N	181	5 7
(TYPI	PECEASED NAME ROBY FRANT		DATE OF DEATH	27 1980	0.79°
3 SE	YALE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 1891	6 AGE (IN YEARS LAST BIR	MONTHS D	AYS HOURS MIN.
70 B	BIRTHPLACE (STATE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY) HARYLAND UNITED ST	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY C	PROLL	H MD
10 C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL DESTMINSTER 1242 U	L, NURSING HOME OR OTHER INSTITUTION GIVE STREET ADDRESS) LASHING TOXICLE D	TYPE OF WORK FOR MOSTO	ON 126. KINDUS	16216
USU 13a		ence before admission) (OR TOWN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS	WASHI	KTON R.
14. F	Beninmin BA	LAST FIRST U	nk MIDDLE	4:	LAST
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOC (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220	0-01-4092 Roby BA	tenes Ir.	Sykesun	le Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CO Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	TELIDSCLEROTIC (CARDIOVA	SUAD	PROXIBATE INTERVAL VEEN ONSET AND DEATH
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT	<u>TING TO DEATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PAR	T 1(a)
CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FO	r which operation was performed	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAL YES	
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY HOUR A.M. MO	NTH DAY YEAR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PAR	[2]
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 1 (AT HOME, STREET, FACTOR		CITY OR TO	WN COUNTY	STATE
	22a.1 certify that (1) (this hospital) attended the decease the deceased alive and the body after dea	oth	n death occurred an the d		
	22h SHENATORE	DEGREE MOTTENDING PHYSICIAN	DIRECTOR PHYSIC	FF _ \\T	-2780
	DANIEL C. WELL	IVEN MD 21	& WASHIN	NOTOK R	Ryp

BP.

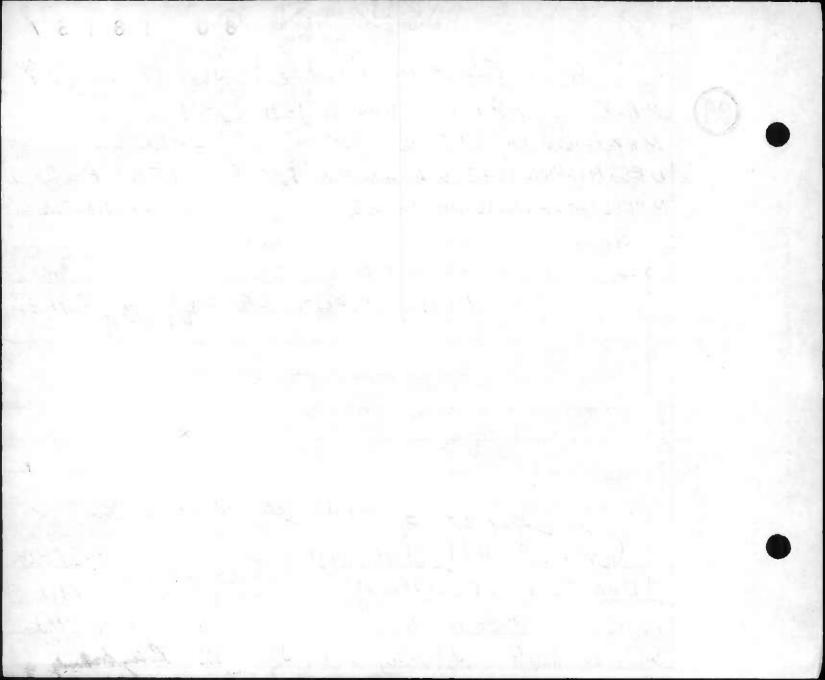
etained by the haspital or attending physician

DHMH - 16 60M 1/75 (VR A 15 (4))

236. BURIAL, CREMATION, REMOVAL SPECIFY) 24 FUNERAL DIRECTOR, NAME 23b. DATE

23d. LOCATION CITY OR JOWN 231. NAME OF CEMETERY OR CREMATORY

250. DATEREC'D. BYREGISTRAR 25b. REGISTRAR'S SIGNATURE JUL 3 1 1980

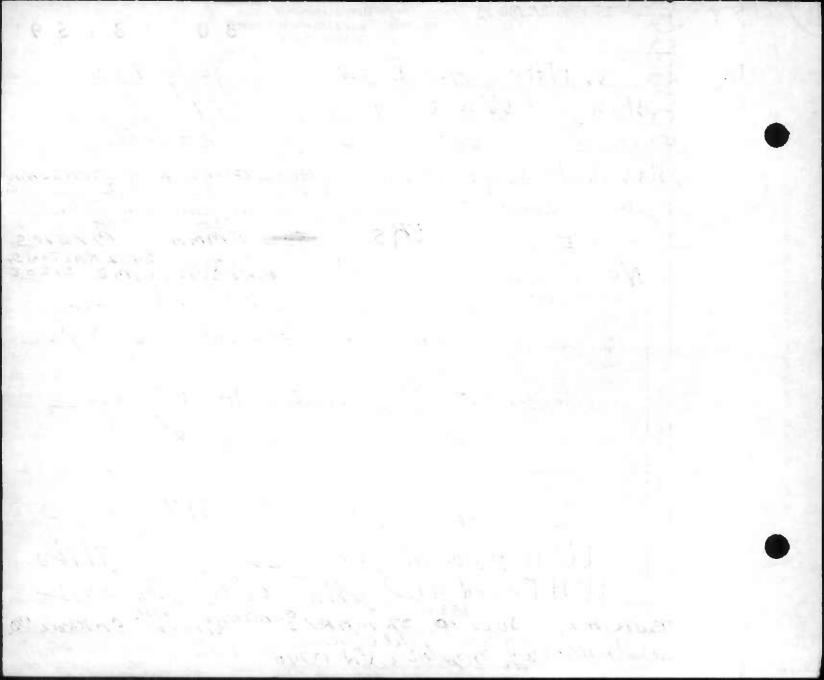


		REGISTRAR				CENTIL	FICATE OF DEATH	REG. N	10.		1.77
		CEASED NAME	FIRST		MIDDLE		LAST	26. DATE OF DEATH	MONTH GA		2b. HOUR
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5	3 SE	X		RACE			OF BIRTH	6 AGE (IN YEARS LAST BE		F UNDER I YEAR	
once.]	Female		White		Oct	ober 4, 1914	65	YRS.	DNTHS DAYS	HOURS
a t		RTHPLACE (STATE OR OUNTRY)	FOREIGN 1	b. CITIZEN OF	WHAT COUNTRY	? & MARRIE	ED TO NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
35		atapsco. 1		U.S.A	•	WIDOW	ED DNORCED		Carroll		
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was F	13a S	AL RESIDENCE (# NU	13b COUN	OTHER INSTITUTION	I.G. CITY OR TO	RE ADMISSION	13d. INSIDE CITY LIMITS?	13a STREET ADDRESS			Md. 2
E E		Maryland	Carr	.017	Patapsco)	YES NO TE	2601 Patar	sco Rd.	•	
e x	TIC EX	ATHER'S NAME		IDDLE	LAST		FIRST	MIDDLE		, u	AST
3)10	2	Leslie		ernon	Spencer		Nettie	Algir	'e		
E 1	16a \	VAS DECEASED EVE	R IN U.S. ARA	MED FORCES?	160 SOCIAL SEC		17 INFORMANT	ADDR	is 2601 1	Pataps	co Rd.
the		No	1		213-05	15/0	Worthing	rton Batema	n Finl	kshurg	Md.
vent.	-		TH (Enter only	v one couse pe	r line for (o), (b), o	nd ic:	THE PARTIE	Day Chic	1 1 1 1 1 1	APPRO	XIMATE INTERVAL
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burial, cr		underlying cous	se lost	(c)	ATHEI	2050	LEROTIC C		HELLI	X Y FART I	EARS 101
to burial, cr	NO	underlying cous	SNIFICANT C	(c)ONDITIONS C	ATIHE!	DEATH BUT	T NOT RELATED TO THE TER		HELLI	Y YART I	EARS 101
or to burial, cr any injury, or	ATION	underlying cous	GNIFICANT CO	ONDITIONS CO	ATHEI ONTRIBUTING TO ES U	DEATH BUT			20b. IF YES,	WERE FIND	
or to burial, cr any injury, or	FICATION	underlying cous	GNIFICANT CO	ONDITIONS CO	ATHEI ONTRIBUTING TO ES U	DEATH BUT	T NOT RELATED TO THE TER	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FIND	S OF DEATH?
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STATE OF MARYLAND

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1	1 .	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 U 1 8 1 5 9	
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on ond cos. Poges		(AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT SIRKIS 2472 KALTON NO. 17 INFORMANT	
		18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Circling Vas culor accident ### APPROXIMATE INTERV. BETWEEN ONSET AND DE ##################################	ATH
requires that the death certificate in signed by the attending physica. Then please remove corban paper it to buriol, cremation, or removal. injury, or other traumatic event, the		Conditions, if any, which (b) Ofenerally arterusales 545	
s that the death ce ed by the ottendin lease remove corb rial, cremation, or i		gove rise to immediate couse ia), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF	
requires ten signe t. Then pl or to burn y injury, o	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Consider the Conditions of the Condition	
The low resistion. sistion. sist has been as the mist permit. sygiene prior shows ony in	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS DIRFORMED 200. AUTOPSY? 706. IF YES, WERE FINDINGS USED YES NOT YES NOT YES NOT YES NOT THE OPERATION PART 2)	?
physical Files	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
DING PHYSIC or offending After this cer e os the burio olth and Ment morked or the	MEC	WHILE NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STAT	Ε
R ATTEND hospitol o hospitol o led for use tot teem 21 is mile		22a.1 certify that (I) this hospital) attended the discosed from) lost ed
- Doct D de D		ATTENDING MEDICAL STAFF PHYSICIAN S NAME TYPE DRPRINT) 22d PHYSICIAN S NAME TYPE DRPRINT) 22d ADDRESS 2 ATTENDING MEDICAL STAFF PHYSICIAN S NAME TYPE DRPRINT)	
TO HOSPITAL retoined by the TO FUNERAL should be detined the With the Store IMPORTANT:	22- 6	NHFOARD Manchester Md 21102	
BP	B	URIAL, CREMATION, REMOVAL 23b. DATE 1980 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION POW COUNTY STATE URAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR 25c NATURE 1250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR 25c NATURE 1250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR 25c NATURE	Mo
DHMH = 16 60M 1/75 (VR A 15 (4))	Œ	mosterie PA. 12340 10 1980	



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
EDICAL EVAMINED'S CERTIFICATE OF DE PLU	

0 18160

		REGISTRAR		ME	DICAL EXAM	MINER'S	CERTIFIC	ATE	OF DEA	MH O	REG. NO	, ·		0	0
		CEASED NAM			MIDDLE		LAST			20. DATE OF	KNOWN [MONTH	DAY	YEAR	2b. HOUR
			Roo	sevelt			Bryan	С			MATERX	7	17	19 80	M
	3. SEX	male	black	S. DATE OF BIRTH	YEAR LAST			HOURS	R 24 HRS.	2c. DATE PRONOUN DEAD	VCED.	MONTH	20 DAY	90 19	2d HOUR 12:10 a. M
	7a. BI	RTHPLACE (S	Leesburg	76. CITIZEN OF W		R	RIED X NEVI	FP MAP	PIED		ORE CITY O	-		DEATH	
3	,	Virai		U.S.	Α.		WED -	DIVOR	-	Carı	coll	Cou	nty		MD.
/		TY OR TOWN	OF DEATH	IT. NAME OF HOS	PITAL, NURSING		HER INSTITUT	ION	FOR	MOST OF WOR			0	R INDUSTR	JSINESS
7		AL RESIDENCE	(IF IN NURSING HOME O		-	DMISSION)			Car	rier-	US Pos	t Of	TICE	5	
5		ryland		timore	13c. CITY OR TO	WN	13d. INSIDE CIT	NO D		eet addre	ss onardo	Roa	id a	21207	
	14. FA	ATHER'S NAMI	E	MIDDLE	LAST	TICE	15. MOTHER		DENNAME	M	IDDLE			LAŞT	
6	2	Henry			Bryan			etta	a				Ra	aney	
		VAS DECEASE	D EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORM	ANT			ADDRESS			7.76	
		Yes	Viet		227-34-	1036	Margie	line	e Brya	ant 3	311 Co	rona	rdo	Rd.	21207
		18 CAUSE C	F DEATH (Enter an)	y ane cause per line	for (a), (b), and (c).)						11.5	A RET	PPROXIMATE	E INTERVAL T AND DEATH
	1	PARTIDE	EATH WAS CAUSED	E CAUSE (a) Dr	owning								DET	11211011321	AND DEATH
		784	4-		AS A CONSEQUE	NCE OF									
	2.15		ins, if any, which ise to immediate	(b).											
	-	couse (a) stating the under-	< '	AS A CONSEQUE	NCE OF									
		lying car	use last.	(6)											
I		PART 2 OTNER S	IGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEA	ISE OR CONDITION	GIVEN IN P	PART 1 (a).	-					
	NO														
	AT	190. DATE OF	OPERATION	196. CONDI	TION FOR WHICH	OPERATION	WAS PERFORM	NED?			1177		20. /	AUTOPSY?	?
1	CERTIFICATION													YES 🗆	NO
5	CER		AL CAUSE WAS	21b. TIME O		21c.)	HOW INJURY O	OCCURR	RED (ENTER)	NATURE OF IN.	JURY IN ITEM 18 PA	ART I OR P			
>	AL	CONTRIBUTI	G OR NG CAUSE OF D	10	7/17	00 4	rowned								
	MEDICAL	21d INTILIPY	CCLIPPED	21a PLACE	OF INJURY (AT HO	ME, 21f. LC	OCATION	- 5	1	Jan I					
	×	AT WORK	NOT WHILE XX	Libert	tory, FARM, ETC.) y Dam	Lil	berty D	am W	Water	Shed	9 9	Ba	Ito,	.Co,	MD
ď	17.		fythat I took charge		Libert - 1 - 1 - 1 - 1		osy XX	1				J. A.	ANIL		
	16	death result	1			/	1	Inspection		Inquiry	-	d in my a	pinian		
	200	death result	ed from.	al couses []	Accident	Suicide L	, Hamicia		Undet	ermined mo	anner LAIA				
		ACTUAL	1/07	DMalV	1 Janes	1	TITLE (SPI	tv (Chief			DATE		7/21	/80
		SIGNATURE	AN		11/11/11	7	M.D		MED	ICALEXAM	VINER	SIGN	IED		
2		EXAMINER'S	NAME THO	MAS D. SN	ITTH. M.D	57-14	_ADDRESS	111	Penn	St.B	alto.,	MD 2	1201		
	23a.BU	URIAL, CREMA	TION, REMOVAL 2				OR CREMATOR		123d. LC	CATION					
	(5	BURJ		/25/1980			Vationa		CITY	OR TOWN	re	COL	UNTY N	aryla	and
	24. FL	JNERAL DIREC	TOR								R 25b. REG	TRAR'S			and
	He	rbert 1	E. Nutter	3035 W.	North Av			-11	11 28	3 1981) the	intry	Me	Cred	7
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BP. **DHMH - 17** VR A15 ME (5)) 15M 7/77

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BP. **DHMH-17** (VR A15 ME (5))

15M 7/77

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFI	CATEC	F DEATH	REG. N	10.			
		CEASED NAME OR PRINT)	E FIRST		WIDGIE	0	f*57	,		TE KNOWN (MONTH	DAY YE	EAR 2b. HC	YIP.
			Albe	erta		0	299	4			X T	75198	30 2	a.M
	3. SEX		4 RACE	S. DATE OF BIRTH	YEAR LAST RIDT	THDAY)	NDIN FYR.	IF UNDER		ATE OUNCED	MONTH	DAY Y	EAR THE HE	20
		emale	Negro	Nov. 11	,1930 49	YRS.	ONE SAILS	HOURS	D	EAD	1	23,9	50 0	5.
0		RTHPLACE (S		76. CITIZEN OF WI		8. MARE	RIED TO NE	EVER MARRI	IED 7. BAL	TIMORE CITY	OR COUNT	Y OF DEAT	Н	
1		rth Ca:		USA		WIDO		DIVORC		Carroll				MD.
-	16 CI.	TY OR TOWN	OF DEATH		PITAL, NURSING HO		HER INSTITU	NOITU		CUPATION (TY WORKING LIFE)	PE OF WORK	12b. KIND O OR IND	F BUSINESS USTRY	•
)		estmin			inster Un		ty		Hous	sewife				
	13a. S	L RESIDENCE TATE	136. COUN		13c. CITY OR TOWN	N	13d. INSIDE	CITY LIMITS?	13e. STREET AD				1	
7		arylan		alvert	Owings	S	YES 🗌		P,0, Bo	ox 62			1.	_
1	8	THER'S NAM	E	WIDDLE	LAST			FIRST	EN NAME	MIDDLE	A*	LAST		
L	14 14	Albert	D EVER IN LL C AR		Umstead	DITUNIO		va		A D D D D C C		Bagle;	У	
2	100. V	ES, NO. OR UNKNO	D EVER IN U.S. AR	E WAR OR DATES)	166. SOCIAL SECUI	KIIY NO.	17. INFOR			ADDRES		04		1
1		No					John	W. U.	laggett	P.O. I	00X 0Z			
		PART I DI	DF DEATH (Enter ar EATH WAS CAUSE	nly ane cause per light ED BY:	fay (p), (b), and (c).)	+.	11	11/	. / /	2)		MATE INTERVA	
H	. 16	115	CA A IMMEDIA	TE CAUSE (a)	AS A CONSEQUENCE	ouc	Carm	la Va SE	MAN Y	Leas		-		
ď		Canditio	ins, if any, which		AS A CONSEQUENC	LE OF								
		gave r	ise ta immediate	e / (b)										
١		lying ca) stating the <u>under</u> use last.	DUE TO, OR	AS A CONSEQUENC	E OF								
ı				(c)										_
1	z	PART 2 UTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL OISEA	SE OR CONDITIO	ON GIVEN IN PA	RT 1 (a).					
	MEDICAL CERTIFICATION	19a DATE OF	FOPERATION	Tiek CONDIT	ION FOR WHICH OF	PERATION V	VAS PEREO	PAAED2				ZO, AUTO	DC V2	_
7	FICA	IN. DATE OF	OLEKANON	170. CONDI	ION FOR WINCITOR	- ERATION V	VAS FERFO	KWED!						6
	ERTI	21a EXTERN	AL CAUSE WAS	21b. TIME OF	INJURY	21c H	OW INTER	Y OCCUPPE	D (ENTER NATURE C	DE IN SIEDY IN ITEM 11	R PART 1 OR PAR	YES [_ NO	_
3	MC	UNDERLYING	G D OR	HOUR A.M	MONTH DAY YE	EAR	OW MAJOR	OCCORRE	D fritzations	77 BY 20KT BY 11 EM 10	J. ARI I OR J. AR	1 2)		
	DIC	21d. INJURY	OCCURRED		DF INJURY (AT HOME,	216. LC	CATION			_				_
	ME	WHILE	NOT WHILE		ORY, FARM, ETC.)		STREET		CITY O	R TOWN	cou	NTY	STA	TE
		AT WORK	AT WORK							(577)				
		22a1 cert	ify ther I taak char	ge at the remains des	A d	n Autap	osy .	Inspection	n Inqu	uiry 🔼 , a	nd in my api	ínian		
		death result	ed fram: Natu	al causes	Accident	Suicide	, Hami	idde	Undetermine	d manner		-	-,	
		ACTUAL (Mal	11/6	1. hel		TITLE	PECIFY Z	-		DATE	230	12	2
_		SIGNATURE	unga		meerke	^	1.D.	gen	MEDICALE	KAMINER	SIGNET	0	~ ~	2
2		EXAMINER'S	NAME	Als: (Am	laws -			M. Ca	Mosa	lehel.	- 7	1	Such	/
-	22a RI	(TYPE OR PRI	TION, REMOVAL	221 DATE	23c, NAME OF C	3. ()	ADDRESS	ORV	23d. LOCATIO	WISHA	ILD"	17-	me,	=
	(S	Buria	1	July 26-80					Sunde	N	Calv	rent.	STATE	
		JNERAL DIREC				2			REC'D. BY REGIS				2 233	-
	ST	NAME	E. Sewel	1 Box 3	l Prince	Frede	rick	. 11	11 48 14		whom	probe	poly	
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6	1-	FOR STATE REGISTRAR	T.o.v.	DEPARTA	MENT OF H	OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYG	IENE 8 O	NO.	8 i	6 2
See.		OR PRINT)	RST EVEL.	- 911		O X		20. DATE OF DEATH	МОМТН	DAY YEAR	26 HOUR
offer dec	3. SE		1 RACE Wh	ite	5 DATE C	F BIRTH	9°0°1	6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
eral direc		RTHPLACE (STATE OR FOREIC Maryland		WHAT COUNTRY?	8 MARRIEI	NEVER MA		BALTIMORE CITY Carroll			, MD
44 400		TY OR TOWN OF DEATH ampstead	11. NAME OF Carro	HOSPITAL, NURSING FACULTY, GIVE STREET	IG HOME C	R OTHER INSTIT	UTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOST Farmer	TION	126 KIND (OF BUSINESS OR
filled in	130 5		HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hampst	N	134 INSIDE CIT	Y LIMITS?	13e STREET ADDRESS 4211 Up	Ham per B	npstead eckleys	, Md. sville Rd
ond 2 sh	14 FA	THER'S NAME John	WIDDLE	Cox		Fran	RST	widdfe		Thom	oson
Pages I		VAS DECEASED EVER IN L (IF NO	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	214-18-		17 INFORMAN		ha A. Cox		1 Uppe	
ohysicio ipopers noval ent, the		18 CAUSE OF DEATH (E	inter anly one cause per CAUSED BY:	line for (a), (b), and		Danie	elan			BETWEEN	AMATE INTERVAL
ed by the ottendin oleose remove carb riol, cremotion, or r or other troumatic		underlying cause I		r as a conseque	ENCE OF					N/5-1-1-0-0-0-1-1	
nos been signe permit. Then p ne prior to bu ws ony injury,	CERTIFICATION	PART 2 OTHER SIGNIFIC	anunto	doses	OPERATIO	Conge	esten	INAL DISEASE OR CO P LO AUTOPSY? YES □ NO□	20b. IF YI	ES, WERE FINDS	INGS USED
riol-transit ental Hygie frem 18 sho		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJU	URY OCCURE	RED (ENTER NATURE OF IN			
s the bur ond Me rked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION	7	CITY OR T	OWN	COUNTY	STATE
for use of Health		22a. I certify that (I) (she sow the deceased a phove. (I) (see (a.d.)	olive on (did not) view the body		80 .or	d that in (, 19 opinion	death occurred on the	date and ho	our ond from the	, that (1) (((a)) last e couses stated
AL DIKEN detoched ote Dept. IT: If Item		22b. SIGNATURE	is se	eer	v	DEGREE AT	TENDING TYSICIAN		AFF SICIAN [22c. DAJE	E SIGNED
should be det with the State		John	E- 5+	eers	mo	210 L	Vash.	ustan Ht	7. U	vestini	ster md
\$ 3 ₹	23a. I	Bupto1	7/19	/80 H	erefo	emetery or cr rd Bap.	Ch. C	ten Here		COUNTY	STATE
A 1/76	24. F	NO COUNT	Drown ll Lemmor	ADDRESS 1, 10 W.	Pado	nia Rd.	JU	L 18 1980	AR 25b RF	TRANSICALA	Greedy

8 d C Since Date were I clienters to be Me atthree of the second of th the street of the second secon

ATTENDING PHYSICIAN:

TO HOSPITA

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retained by the haspital or attending physician,

executed within 24 hours aft death certificate be requires that the

STATE OF MARYLAND

8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	8 6 3
1 DECEASED NAME PRINTS (TYPE OR PRINT) PAIMER	Leivis Craft	July 27,	1980 0105 M
Male Whi	te S DATE OF BIRTH MONTH DAY YEAR MAY 5 1915	65 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF	MARRIED NEVER MARRIED WIDOWED DIVORCED	// 000. //	OF DEATH MD.
	HOSPITAL, NURSING HOME OR OTHER INSTITUTION JICHACILITY, GIVE STREET ADDRESS! OLL COUNTY HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY State Roads
USUAL RESIDENCE III NURSING HOME OR OTHER INSTITUTIO 136 STATE 136 COUNTY CARROLL	Sukesville YES NO D	13. STREET ADDRESS 6526 Sykes	ville Rd.
14 FATHER'S NAME PRIT MODILE CORGE O.	Craft Is MOTHER'S MAIDEN N	AME MIDDLE ADDRESS	Wilhelm
160 WAS DECEASED EVER N.U.S. ARMED FORCES? (YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)	227 10 7850 Edith Cr.	Aft Sykesvill	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS (c)	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	Losiz MINAL DISEASE OR CONDITION GIV	y-con-
190 DATE OF OPERATION 196 CONG	DITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	OF INJURY A.M. MONTH DAY YEAR P.M. 19	RRED (ENTER NATURE OF INJURY IN ITEM 18. P	ART I OR PART 2)
DR CONTRIBUTING CAUSE OF DEATH INFETTHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	E OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22e.1 certify that (I) (this haspital) attended to saw the deceased alive an abave, (I) (we) (did) (did not) view the bad 22b. SIGNATURE	y after death. DEGREE ATTENDING	D, to	19
72d. PHYSICIAN'S NAME (TYPE OR PRINT) F. P. G. R. A. I.M. R. A.	220 ADDRESS	rindsor d	nd. 2177.
230 BURIAY, CREMATION, REMOVAL 236. DATE (SPECIF) 7-30	0-80 Eastlawn Cemetery		COUNTY PA STATE
24 FUNERAL DIRECTOR.	Appress Md 250.0	TE REC'D. BY/REGISTRAR 255 GIST	RAR'S SGNATURE

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

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	10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Received by the hospital ar attending physician.
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BP PHMH - 16 50M 7/77 (VR A 15 (4))

	- S	OR TATE		DEPAR	MENT OF HE	OF MARYLAND ALTH AND MENTAL CATE OF DEATH		0	18	1 6	4
		EGISTRAR ASED NAME PRINT)	FIRST NA	MIDDLE S.	LAS			reg. NO TE OF DEATH A	NONTH DAY	YEAR O	2b HO!
)	J. SEX	male	4 RAC	I White	S. DATE OF	BIRTH	3	(IN YEARS LAST BIRTH	YRS.	UNDER I YEAR	HOURS
of once.	COUN	Ohio		U.S. A.	MARRIED WIDOWED		B Ca	rroll	Co.		
90 notified	Syl	cesville	GO	AME OF HOSPITAL, NURS NOT IN SUCH FACILITY, GIVE STREI LDEN AC	E C	JEST HO	(TYPE OF	WORK FOR MOST OF		12b. KIND OF INDUSTRY	BOZINI
of Soft	13a STA	m D.	3b. COUNTY Carro	13c. CITY OR TO	sville	3d. INSIDE CITY LIMITYES NO	- 8 - 1	EET ADDRESS	Eme	era la	()
expmine		ER'S NAME FIRST	MIDDLE	Hofstetle	R	S. MOTHER'S MAIDE	NAME	WIOOFE	Spr	199/e	-
e medicol	Ióo. WA: (YES,	S DECEASED EVER II	U.S. ARMED FO		8355	TEREMY (11:25	Syki	esville	APPROXIM BETWEEN O	11.
s ony injury, or ather traumo	NOI P		which ediate the last. DU	(b) A CONSEQUENT OF THE CONSEQUENT OF THE CONTRIBUTING TO THE CONTRIBUTION OF THE CONT	UENCE OF DEATH BUT N OMET	RIUM ;	TERMINAL DIS		20b. IF YES, V	IN PART 1(0 WERE FINDIN NG CAUSES (GS USE
tem 18 show		B. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	USE OF DEATH	b. TIME OF INJURY HOUR A.M. MONTH P.M.		21c. HOW INJURY O	YES		YES		NO [
rked or II	M.	WHILE NOT WHI	LE (A	PLACE OF INJURY THOME, STREET, FACTORY, OFFICE	e, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	٧	COUNTY	Sī
21 із то	27	saw the deceased	olive on	the body ofter death.		that in (my) (or) op	inion deoth oc	curred on the dat	, 19		hot (1) (1 couses sta
ANT: If Item	1	CAA	Carry	ohe par)		NG MEDI	CAL STAF	F AN	7/2	IGNED
IMPORTAL	27	J.H.	GARIC	OFE			MAIN		Mion.	Brio	190
	23a. BUF	RIAL, CREMATION, R	EMOVAL 23b.	DATE 23c	Security	Prus Cremat	ory 23d.	CALANDA CALANDA	ille &	rett >	md
777	24 FUN	AME W.	Haight	L Sulcare	the yr	2d. 250	JUL Z	BY REGISTRAR 2 B 1980	Sb. REGISTRA	R'S SIGNATL	IRE -

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	FOR 1 - STATE REGISTRAR		STATE OF MARYLAN DEPARTMENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIEN	8 Ü	8		6	5
ge 3 eath	1. DECEASED NAME FIRST (TYPE OR PRINT) LOUIS	A. MIOOLE	DOYLE	SR 20.	DATE OF DEATH MONTH	DAY 22/1	YEAR 9F0	2b. HO	UR 75
o de la constante de la consta	3 SEX	4. RACE	5. DATE OF BIRTH MONTH DAY	YEAR	GE (N YEARS LAST BIRTHDAY)	MONTHS	RIYEAR	IF UNO	

9 BALTIMORE CITY OR COUNTY OF DEATH WHAT COUNTRY? NEVER MARRIED COUNTRY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IE NOT IN SUCH FACILITY, GIVE STREET AODRESS) filed pe l should b 14 FATHER'S NAME ond 2 FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (IF YES, GIVE WAR OR DATES) physician 18 CAUSE OF DEATH Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ö ottendi DUE TO, OR AS A CONSEQUENCE OF a Theresch cerebral ather troum Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last ō Ö. PART 2 OTHER SIGNIFICANT CONDUTION: ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION p prior 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene YES [ol-transit morked or Item 18 sho certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICALEXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (I) (this haspital) amended the deceased from DIRECTOR IMPORTANT: If Item 21 is saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the couses stated Dept. of 1 obove, (I) (we) (did) (did not) wew the body after death. 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be detoo FUNERAL PHYSICIAN [DIRECTOR PHYSICIAN 27e ADDRESS 22d. PHYSICAN'S NAME (TYPE OR PRINT) m D 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

ng physicio

236 DATE

REGISTRAR 1980

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c DATE SIGNED

INDUSTRY

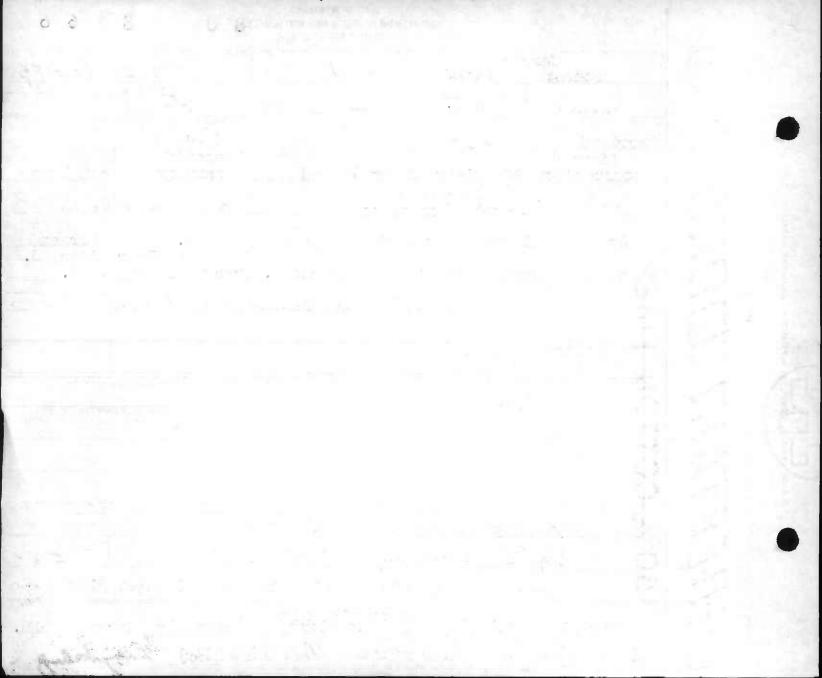
feedbethy ---

6 6

DHMH-16 60M 1/73 (VR A 15 (4))

1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIE	8 6 6
	EASED NAME Car:	rie Balle	FROCK	20. DATE OF DEATH MONT	DAY YEAR 26. HOUR 25 80 6:08
3. SEX	Female	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR	5	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS MI YRS
235 00	THPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	1/ also	
10. CI	YOR ETHEOGOG	(IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION	Thomas Children	12b. KIND OF BUSINESS INDUSTRY OWN home
35 13a. S	m1) (13d. INSIDE CITY LIMIT	308 Cled	rridge Rd
14. FA 066	THER'S NAME FIRST John A	MIDDLE LAST Libert Barnh	15. MOTHER'S MAÎDE FIRST Dais V	MIDDLE C.	Barnes
	**	rmed forces? 16b. Social Service War or Dates) 215-40	curity No. 17. INFORMANT	308 €1 J. Frock Lin	ear Ridge Rd. Wood, Md. BETWEEN ONSET AND DEA
NO	Conditions, if eny, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEGUE (b) DUE TO, OR AS A CONSEGUE (c) CONDITIONS CONTRIBUTING TO		TERMINAL DISEASE OR CONDITIO	DN GIVEN IN PART 1(0)
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL CERTIFI	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	CCURRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive or	ital) attended the deceased from 19 19 19 view the body after death.		to, to	nd haur and from the causes stated
	22d. PHYSICIAN'S MAME (Type of	OR PRINT)	ATTENDII PHYSICIA 22e ADDRESS	MEDICAL STAFF	76-4
730 8	JRIAL, CREMATION, REMOVAL	NG Y. KH	NAME OF CEMETEDY OF CREMAN	E. main st. 1	restruite n
(S	Burial NETAL DIRECTION	7/28/80 K	eysville Union Cemetery	CITY OR TOWN Keysville DATE REC'D, BY REGISTRAR 256, R	Carroll MC REGISTRAR'S SIGNATURE
124 10	V. D. Lar	Bler Hews	Headsor Md"	JUL 3 1 1980	CODIRAR S SIGNATURE 2

STATE OF MARYLAND



1	1-	FOR STATE REGIS
		EASED OR POLITI

ip

filled in by the funeral ould be filed within 72 h

completely ond 2

papers. Pages ng physician certificote

Then pleose

ows any

marked or Item 18 sh

MEDICAL

certificate has been burial-transit permit.

After this

FUNERAL DIRECTOR:

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auld be detached for th the State Dept. of H

physicion

attending

ö

hospital

etoined by the

PHYSICIAN.

ATTENDING

OR

O HOSPITAL

for use as the burial-transit per of Health and Mental Hygiene

ecuted

deoth ottendi notified of once

must be

medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

BIEN B	O

		REGISTRAR		CERTIFICA	ALE OF DEATH	REG. N	O.		
		CEASED NAME FIRST	ittle	Gese	//	20 DATE OF DEATH	MONTH DAY	YEAR SO	26. HOUR
	3 SE	emale	White	5. DATE OF B	23 1892	6 AGE (IN YEARS LAST BIR	THOAY) IF UN MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
2		OUNTED HIO	76. CITIZEN OF WHAT COU	MARRIED C	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	- 11	DEATH	MD
C	W	lestminster	11. NAME OF HOSPITAL, P (IF NOT IN SUGH FACILITY, GIV CAPPOLL COU	MY Gene	111-1	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) IN	NOUSTRY	F BUSINESS OR
5		AL RESIDENCE (IF NURSING HOME OR 135 COUN		RT2WN (130	L INSIDE CITY LIMITS?	STREET ADDRESS	er Pa	ik	Rd.
al	14 FA	Tohn W.	MIDDLE Lity	1/2 15.	MOTHER'S MAIDEN NA	MIDDLE	Pie	15	01
	16a V	VAS DECEASED EVER IN U.S. AR. YES, 100 (VUNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIA E WAR OR DATES) 2/7-1	12-8531/	Hazel O	w:455	5ane	45	# 13
		410 - Conditions, if ony, which	one couse per line for (o), D BY TE CAUSE (o) DUE TO, OR AS A CON	Celle	M your	dial infa	elion	APPROXIM BETWEEN O	MATE INTERVAL PASET AND DEATH
		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CON	ISEQUENCE OF					
	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	LES MEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE OR CON	idition given in	I PART 1(o) 1
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION V	VAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES		
9	GE	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	7	HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 C	OR PART 2)	

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21

CITY OR TOWN

COUNTY STATE

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

MEDICAL STAFF
DIRECTOR PHYSICIAN

23b. DATE

P.M

21e. PLACE OF INJURY

9

MONTH

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DAY YEAR

8-0

HOUR A.M.

22e. ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DEGREE

211 LOCATION STREET

ATTENDING PHYSICIAN

LICCATION LIFTORTOWN UESTA

BP.

MPORTANT: If Item 21 is

DHMH - 16 50M 1/76 (VR A 15 (4))

REMOVAL

21d. INJURY OCCURRED

226 SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

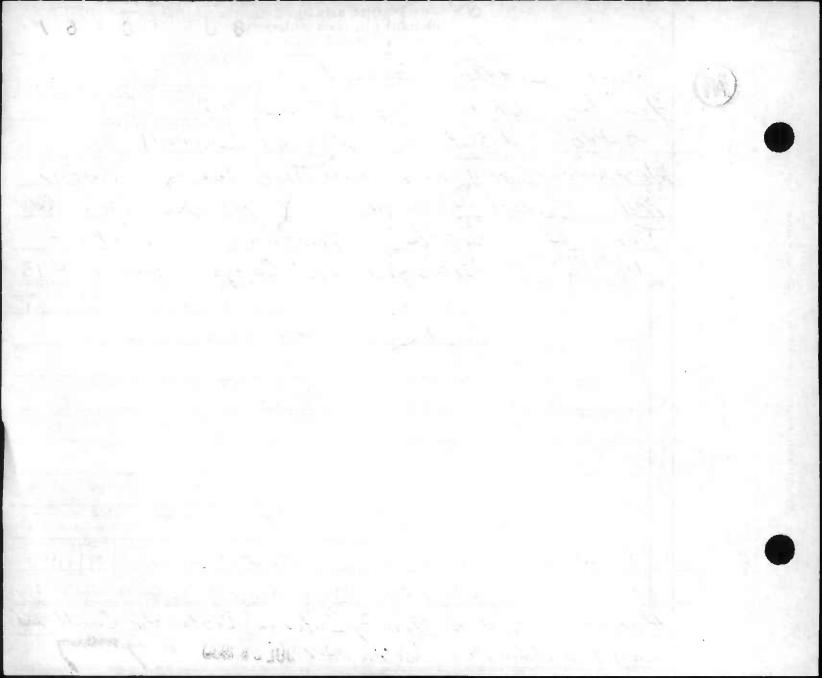
27a. I certify that (I) (this haspital) attended the deceased from

obove, (I) (we) (did) (did not) view the body ofter deoth.

AT WORK

sow the deceased alive on

(IF EITHER, NOTIFY MEDICAL EXAMINER)



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1		1		R
	٥	61	N	١,
	age 4 may be	1	-	1
	4 H	101	18	÷
	6	8	100	E

FOR

REGISTRAR

74 BIRTHPLACE (STATE OF FOREIGN

18 CITY OR TOWN OF DEATH

Westminster

Md.

(YES, NO OR UNKNOWN)

David

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Canditions, if ony, which gove rise to immediate 101, stating the

cause

21a. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

AT WORK

saw the deceded alive and

774 PEPPSICIAN'S NAME ITTEL OF PER

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

14 FATHER'S NAME FIRST

no

cause

WHILE AT WORK

CERTIFICATION

00

5

underlying

FIRST

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN

Baltimore

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE to

22a.1 certify that (1) (this hospital) attended the deceased from

obove, (1) (ye) (did) (did got) view the body ofter death

23h. DATE

Eline Funeral Home, Hampstead, Md.

8-2-80

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic).

White

ANNIE

MIDDLE

G.

7h CITIZEN OF WHAT COUNTRY?

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Hahn

Hampstead

LAST

166 SOCIAL SECURITY NO

213-16-1098

DECEASED NAME

- STATE

TYPE OR PRINTI

Female

Maryland

3 SEX

STATE OF MARYLAND

GIGGARD

MONTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Carroll County Gen'l Hospital

5 DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

HOURS

IF UNDER 24 HRS

CERTIFICATE OF DEATH

DAY

MARRIED NEVER MARRIED

YES []

26

YEAR

1904

DIVORCED

Mary

17 INFORMANT

REG. NO. 2a DATE OF DEATH

MONTH IF UNDER I YEAR

DAYS

& AGE (IN YEARS LAST BIRTHDAY) 76

BALTIMORE CITY OR COUNTY OF DEATH

12% KIND OF BUSINESS OR INDUSTRY

Carroll 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

134 INSIDE CITY LIMITS? 13e STREET ADDRESS NO F Falls Road IS MOTHER'S MAIDEN NAME FIRST

MIDDLE

Hwf

Dixon

ADDRESS

Mrs. Betty Kemp, Hampstead, Md BETWEEN ONSET AND DEATH

relas mollitus

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

MONTH DAY YEAR

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M.

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

20a AUTOPSY?

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [

NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

COUNTY STATE

and that in (my) (per) opinian death occurred on the date and hour and from the causes stated

PHYSICIAN MEDICAL DIRECTOR PHYSICIAN

STATE

Md

77* ADDRESS

731 NAME OF CEMETERY OR CREMATORY

Leister's Cemetery

DEGREE

21f LOCATION

COUNTY

Carroll

21.07L

Westminster 256. DATE REC'D. BY REGISTRAR 256. REGISTRAP'S ALTONOMY

CITY OF TOWN

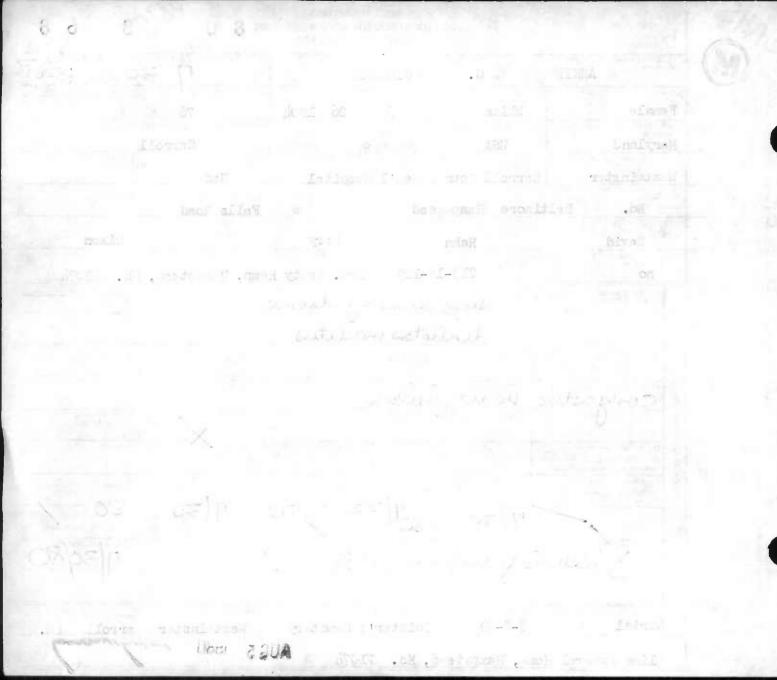
23d. LOCATION

BP.

State

PORTAN

DHMH-16 25M (VRA 15, 4) 1/79



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

moy be

executed within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 haurs ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MADVIAND FOR STATE

ADDRESS THE PL

STATE OF MANTEMED	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

1	8	1	6	9

BY REGISTRAR'S SIGNATURE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
HUNA	G	GREEN	07-13.	-80 2327 N
3. SEX 4.	RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTR	10 16 1897	9. BALTIMORE CITY OR COUN	
COUNTRY COUNTRY	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	0 1 2000	//
10. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OF
WESMINSTER V	VEST MINSTE	Kursney Hone	TOUSING	SLIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OT 130. STATE 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BE		130 STREET ADDRESS	AVE.
14 FATHER'S NAME	DIE LAST	15 MOTHER'S MAIDEN N		Teat
WILLIAM K	600	uss SANA		WILLIAMS
160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W.	D FORCES? 166 SOCIAL SE AR OR DATES) 2/2 - 7	4-4877 AGATHA PE	Relina West	Missle, Md
18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	BY.	+ +1.	dan	BETWEEN ONSET AND DEATH
IMMEDIATE	CAUSE (O) CATUN	oma of the c	901	1.7 7/3
(534)	DUE TO, OR AS A CONSE	QUENCE OF		
Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)	OUTLICE OF		
underlying cause lost	DUE TO, OR AS A CONSE	QUENCE OF		
	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
1 ASCVU			20g AUTOPSY? 20b IF	YES, WERE FINDINGS USED
19a DATE OF OPERATION 19d 19d 197 21a. ACCIDENT WAS UNDERLYING	Carcina	na of the colar		TIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	
OR CONTRIBUTE OF DEATH	HOUR A.M. MONTH	DAY YEAR		
214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE FARM, ETC.] 21F. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK				
22a. I certify that (1) (this hospital sow the deceased alive an	ottended the deceased fro	, 17	on death occurred on the date and I	, 196, thou (I) we) lo
obove (I) (we) (did (did not)	view the body after death.	DEGREE	and desired on the delice and the	22c. DATE SIGNED
alina North	restleto		MEDICAL STAFF DIRECTOR PHYSICIAN	7-13-80
774 PHYSICIAN'S NAME (UP) CHE	angl).	22e ADDRESS, /	Held Mad CTG	7
	/ · · · · · · · · · · · · · · · · · · ·	1218 Wash 1	119193	
Alva S. Da	ker m.D.	WESTMI WESTMI	uster MD 71	157

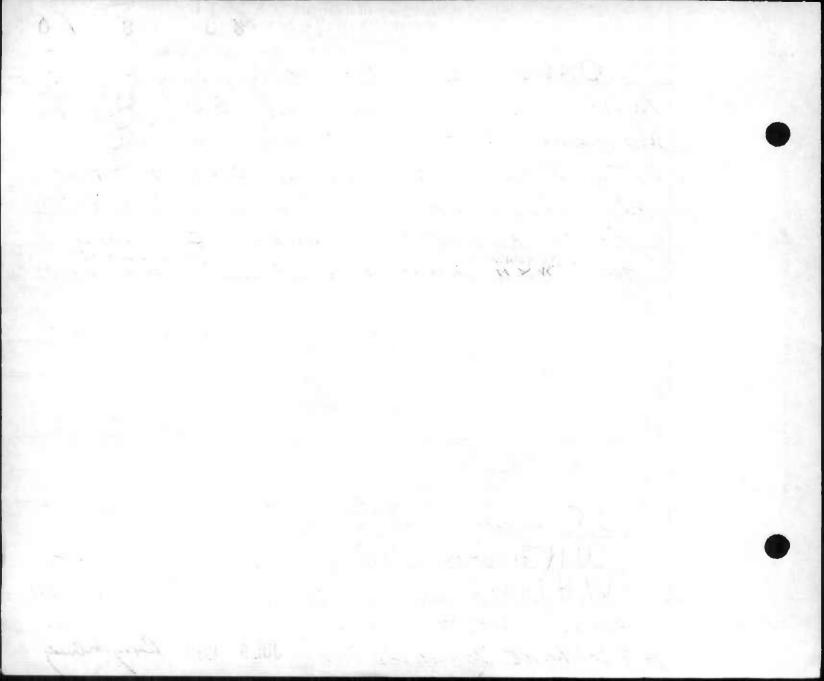
DHMH - 16 50M7/77 (VR A 15 (4))

N. FUNERAL DIRECTOR

BP.

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				A 10 800 E	
	and a facility of	- 151-0	11-2-0		
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A	1	FOR - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENB 0	8 1 7 0
per 3			MIDDLE S DATE MON	OF BIRTH DAY YEAR	20 DATE OF DEATH MONTH 6 AGE (IN YEARS LAST BIRTHYAY)	DAY YEAR 26 HOUR 2 1980 415-Am IF UNDER 1 YEAR IF UNDER 24 HAS
death Merron unern dinest nin 32 ourrot at once.		MAP WIRTHPLACE ISTATE ORFOREIGN 76 CITIZEN OUNTRY) VEST VIRGINIA	NOF WHAT COUNTRY? 8 MARRI WIDOW	le 31 1929	9 BALTIMORE CITY OR COUN	
by the f filed with) V	Vertrumber Carr VAL RESIDENCE (16 NURSING HOME OR OTHER INSTIT		Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ENGINEER	LIFE) 126 KIND OF BUSINESS OR INDUSTRY Tool S
ed within 24 houmpletely filled in and 2 should be	14.1	ATHER'S NAME MIDDLE	LINCHOTO LINCHOTO GREEN	13d. INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NAVERST	13e STREET ADDRESS	MAP D
be execut an and co	160	WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) (I) OS ARMED FORCE (I) OS	ES? 166 SOCIAL SECURITY NO. 232-42-6099	17 INFORMANT	ADDRESS S'105 CHUI	20, NID. 21088
equires that the death certificate be signed by the attending physicial Then please remove carbon papers. To burial, cremation, or removal injury, or other troumatic event, the	NO	Canditions, if any, which gove rise to immediate	O, OR AS A CONSEQUENCE OF	truckler. cardial IT NOT RELATED TO THE TERM	fabrillation has arithmeter than a condition of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 L GIVEN IN PART 1(a)
CIAN. The low rapid physician. The physician of the physician of the physician of the physician permit into Hygiene prior mail 8 shows ony	ICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING	ONDITION FOR WHICH OPERATION ME OF INJURY IR A.M. MONTH DAY YEAR P.M. 19	216. HOW INJURY OCCURR	IN CER	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO B. PART 1 OR PART 2)
ATTENDING PHY, ospital or attending a direction of directions and direction of direction or dire	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE 2 22a. I certify that (i) (this hospital) ttend saw the deceased alive as above (1) (we) (did) (did not) view the 22b SIGNATURE	2 1920		city or town	COUNTY STATE 19 , that Thwe) lost our and from the causes stated 220. DATE SUBNED
TO HOSPITAL OR, retained by the hospital or TO FUNERAL DIRE should be detached with the State Dept IMPORTANT: If ten	22-	22d. PHYSICIAN'S NAME (TYPE OF PRINT) BURIAL, CREMATION, REMOVAL 23b DAT	and MI	ATTENDING PHYSICIAN ()	MEDICAL STAFF DIRECTOR PHYSICIAN D 23 Mais S LHPS FEE	1/2/20 + M J 2/102
BP DHMH - 16 60M 1/75		Burial TIPE	5/80 ADDRESS 4	boro Cemeter	REC'D. BY REGISTRAR 256. B. 5.	COUNTY STATE STRAR'S SIGNATURE
(VR A 15 (4))	1	4.1. Coppoint	Manghester	med. JUL	ونعم 1980 9.	- John Wary



	1.	FOR		STA DEPARTMENT OF	TE OF MARYLAN		0	0 1	-9
		STATE REGISTRAR		DICAL EXAMIN		CATE OF DEAT	H REG. NO		/
	I. DE	CEASED NAME E OR PRINT! JOH!	N OLAN	NDO G	cittith	20	OF ESTI- DEATH MATED	MONTH DA	YEAR 26, HOUSE 26, HOUSE
RAY, PLE DIRECT OUR FIII 72 HOLL	3. SEX	lale Whi		1908 72 YEAR	ARS IF UNDER 1 YR. AY) MONTHS DAYS RS. 1	IF UNDER 24 HRS. 20 HOURS MIN PE	C DATE RONOUNCED DEAD	MONTH DA	YEAR 24 HOUR
NECESSARY, FUNERAL DIR FONERAL DIR FONERAL DIR FONERAL W PRESTON	N PO	RTHPLACE (STATE OR REIGN COUNTRY) Saryland	76. CITIZEN OF WE		8. MARRIED NEV	/ER MARRIED 19.	Carroll	_	F DEATH MD
AY IS PAGE FILED	N	It. Airy	(IF NOT IN SUCH FA	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) Twin Arch	n Road	FOR MC	LL OCCUPATION (TYPE DST OF WORKING LIFE) aborer	E OF WORK 12b.	KIND OF BUSINESS OR INDUSTRY
F ANY D AND 3 RETAIN HOULD	13a. S	TATE 113b.	S HOME OR OTHER INSTITUTION, GI COUNTY Carroll	NE RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN Mt. Airy	13d. INSIDE CI	TY LIMITS? 130. STREE	taddress 15 Twin	Arch R	load
MD.		Charles	Olando	Griffith	1	R'S MAIDEN NAME RST Edna	Gay		lergill
BALTIMORE, URS AFTER DE B. GIVE PAGE WITH FORM PRINGES OF PRINGES	16a. V	VAS DECEASED EVER IN L ES, NO. OR UNKNOWN) (IF)	J.S. ARMED FORCES? (ES, GIVE WAR OR DATES)	213-16-0	911 Wall	MANI	addregs usk, Mt.	t.3 - Airy,	Box 268 Md.
101 W. PRESTON ST. UTED WITHIN 24 HO IN PENCIL IN 1FM 1 EXAMINER ALONG RIAL-IRANSIT PERMIT O MENTAL HYGIENE,	77	Conditions, if ony, gove rise to imm cause (o) stoting the lying couse lost.	which nediote under- (c)	AS A CONSEQUENCE O	,	lue +	-	81	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
L RECORDS, 30 ULD BE EXECU "PENDING" IN "PENDING" IN "PENDING" IN "PENDING" IN HEALTH AND CREMATION, C	CERTIFICATION	PART 2 OTHER SIGNIFICANT COM	OUTIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM				20	I. AUTOPSY?
DIVISION OF VITAL RECORDS, CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICA RE 3 SHOULD BE USED AS A BE E OFPARTMENT OF HELTH AN PRIOR TO BURIAL, CREMATION	MEDICAL CERTIFI	218 EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CORED 214 INJURY OCCURRED WHILE NOT WH AT WORK AT WORK	HOUR A.M. SE OF DEATH P.M.	. MONTH DAY YEAR	216. HOW INJURY	OCCURRED (ENTER NA	TURE OF INJURY IN ITEM 18 I	PART 1 OR PART 2) COUNTY	YES NO
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRR PAGE 4 SHOULD BE FORWARR TO FUNERAL DIRECTOR: PAGE BALTIMORE, MARYLAND, 21201			k charge of the remains des	section . So	Autopsy , Homici	PECIFY) MEDIC Carroll	AL EXAMINER	al Hos	80 July 12,19
BATTE PAGE	(5	JRIAL, CREMATION, REMO PECIFY) Burial	7-15-198		METERY OR CREMATO	DRY 23d. LOC CITY OR Un	ionville	Frede	
DHMH - 17 (VR A15 ME (5))		NERAL DIRECTOR	urrier. Jr.	Svkesvil	le.Md.	250. DATE PEC'D BY B	1980 256. REGI	ISTRAR'S SIGN	ATUR

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		FOR STATE REGISTRAR CEASED NAME FIRST	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	
	(TYPE	Mary Mary		7-19-80 9:
	3 SE	F	Caucasion 5. Date of Birting Day NEAR	78 YRS.
35	le. BI	RTHPLACE (STATE OR FOREIGN 76 DUNTRY)	CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED	//
90	10 CI	SUKESUITE	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	N 12th. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12th. KIND OF BU
37	U\$U/ 130. S	ALRESIDENCE (IF NURSING HOME OR OT	THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMI 10 10 10 10 10 10 10 10 10 10 10 10 10 1	
160	14. FA	THERE NAME	15 MOTHER'S MAJDE	MIDDLE
	160 V	VAS DECEASED EVER IN U.S. ARME VER IN OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	Polster Randallstown has
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	NOI	Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
3	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	(c)	TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a1 20a autopsy? 20b. If yes, were findings in certifying causes of decreases of the second seco
9-19	AL CERTIFICATION	gave rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT COI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OF	200 AUTOPSY? 206. IF YES, WERE FIND INGS IN CERTIFYING CAUSES OF D
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99		gave rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT COI 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK SIGN THE deceased alive and sow the deceased alive and sow the deceased alive and some statements.	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21c. HOW INJURY STREET 19 21f. LOCATION STREET	280 AUTOPSY? 206. IF YES, WERE FIND INGS IN CERTIFYING CAUSES OF D YES NO YES NO YES NO CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
9-9		gave rise to immediate cause (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT COI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (JE EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK 22a.1 certify that (1) (this haspital	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET 19 and that in (my) (aur) applies the body after death. DEGREE	280 AUTOPSY? 206. IF YES, WERE FIND INGS IN CERTIFYING CAUSES OF DEVELOPMENT OF THE PROPERTY O
9-9		gave rise to immediate cause Ial, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT COI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital saw the deceosed alive an above, (1) (we) (did) (did not)	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET 19 Authorized the deceased from 19 DEGREE ATTENDI PHYSICI	280 AUTOPSY? YES NO YE
amount following in the property of the proper	MEDICAL	gave rise to immediate cause (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT COI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY! OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (I) (this haspital saw the deceosed alive an above, (I) (we) (did) (did nat) v 22b. SIGNATURE	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	280 AUTOPSY? YES NO NO YES NO YES NO COUNTY CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY CITY OR TOWN COUNTY 19 30, that principle death occurred on the date and haur and fram the cause of the county of the cause of the county of the cause of the county of the cause of the cause of the county of the cause of the county of the cause of the cause of the county of the cause of

	1	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO	
		CEASED NAME FIRST John	Franklin	Hale	7/30/80	MONTH DAY YEAR 26, HOUR 5 & 30A
	3. SE	× Male	4. RACE White	5. DATE OF BIRTH MONTH 2/28/1891	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
36	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY) and	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH ACC. ACC.
0	10. C	Manchester	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 2721 Hanover	NG HOME OR OTHER INSTITUTION TADDRESS)	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	
5	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TOV arroll **anche	NN 138 INSIDE CITY LIMITS		nover Pike
160	-	ATHER'S NAME FIRST	MIDDLE LAST HOLE	15. MOTHER'S MAIDEN FIRST	MIDDLE	Rodgers
1	16a	WAS DECEASED EVER IN U.S. A	VE WAR OR DATES)		lale Manch	fanover Pike nester, Md. 21102
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU	JENCE OF DEATH BUT NOT RELATED TO THE 1	terminal disease or con	DITION GIVEN IN PART 1(0)
9	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	CURRED (ENTER NATURE OF INJUI	
		22a.l certify that (I) (this has	oitol) ottended the deceased from n. 19_ot) view the body ofter death.	DEGREE ATTENDIN PHYSICIA		ote and hour and from the causes stated 22c. DATE SIGNED FF CIAN 7/3
1			ing ".U.	Hampstea		Mille Road
	6	BURIAL, CREMATION, REMOVA (SPECIFY)		alem Churchem	Hampste	d Carroll Md.
9/74		UNERAL DIRECTOR NAME CESSIAN	It manches	te, Ind. 250.	AUG 0 4 1980	256. RESISTRAR'S SIGNATURE

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ar O	and the set		1 87	337
34				To Long

(VR A 15 (4))

FOR

REGISTRAR

- STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED SPRINGFIELD STATE HOSP. - SYKESVILLE, MD 7/28/80 BURIAL. ADATH YESHURUN (SODOVA) BALTIMORE SOL LEVINSON & BROS., INC. 24. FUNERAL DIRECTOR DHMH - 16 60M 7/73 6010 REISTERSTOWN RD. BALTO., MD 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REG. NO.

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12b. KIND OF BUSINESS OR

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AT HOME

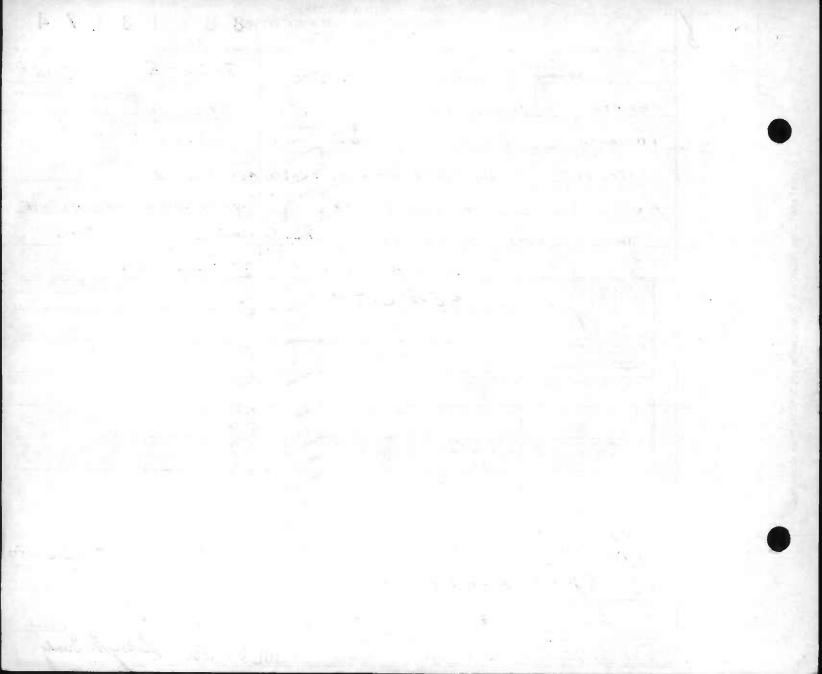
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CERTIFICATE OF DEATH



	-
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Plage-times be retained by the hospital or ottending physician.	-
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direction of should be detached for use as the build-transit permit. Then please remove carbanaparers Pages 1 and 2 should be filled within 72 hammed the State Dept. of Health and Mental Hygene prior to burial, cremation, or remaval.	1.1
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be patified of once.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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DATE RECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL	HYGIEN	•	G. NO.	8 1	15	
1		EASED NAME	FIRST		MIDDLE	Į.	AST	2 a	DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR	
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1	3 SEX		4	RACE		5. DATE C			GE (IN YEARS LAS	,	MONTHS DAYS		HRS.
		Male		Whit		Oct		7	82	110	8 21		
-	co	RTHPLACE (STATE			WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	□ 9 B	ALTIMORE CIT				
4		aryland			S.A.	WIDOWE	habita		Carro				MD.
9		ry or town of estmins					Hospital		USUAL OCCUP PE OF WORK FOR MO VIercha	OST OF WORKING		OF BUSINESS Y	OR
	13a. S	LRESIDENCE (# TATE aryland	13h, COUNT	Υ	GIVE RESIDENCE BEFORE TO NO.	WN	13d INSIDE CITY LIMIT	S? 13e.	STREET ADDRE	ss Ridge	Road	112	
4		THER'S NAME				- 0	15 MOTHER'S MAIDEN		7-7				_
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		AS DECEASED E		ED FORCES?	166 SOCIAL SEC		17 INFORMANT		AC	DERESS 94	8 Ridg	e Rd.	
	(11	No	1 (11 123, 0112	VAR OR DAILS)	218-32	-1697	Pearl L.	Mi	tts, W	estmi	nster,	Md.	
		18 CAUSE OF DI PART I. DEAT	EATH Enter only	one couse per BY:	line for (a), (b), o	nd (CL)	* 7		· · · D		BETWEE	XIMATE INTERVAL	ÀTH
		110-	IMMEDIATE	CAUSE (a)	Cara	care	spend or	70	Lain	uc	1	na.	
		Condition	2	DUE TO, O	RAS A SONSEOL		1-2-126				21	+	
		Conditions, if	immediate	(b)_	CM .	me	anging	7			0		_
			ouse last.	DUE 10, 0	r as a conseol	JENCE OF							
	z	PART 2. OTHER	SIGNIFICANT CO	ONDITIONS CO	ontributing to	DEATH BUT	NOT RELATED TO THE	TERMINA	L DISEASE OR C	ONDITION	GIVEN IN PART	l(o)	
-	ATIC	19a DATE OF OP	ERATION	19b COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		100 AUTOPSY?	20b. IF Y	YES, WERE FIND	INGS USED	
2	CERTIFICATION								YES NO		TIFYING CAUSE YES	S OF DEATH?	
7	CER	210 ACCIDENT WAS		216. TIME C	OF INJURY .M. MONTH (DAV YEAD	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF	INJURY IN ITEM 1	8, PART 1 OR PART 2)		
	CAL	OR CONTRIBUTING	CAUSE OF DEAT	,	M.	19							
	MEDICAL	21d INJURY OCC		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.]	211 LOCATION STREET		CITY O	RTOWN	COUNTY	STATE	
	_	AT WORK	OT WHILE										
		,			ne deceosed from	-7-	19_8	0	to 7-	13	. 19	., that (I) (we)	
		above, (1) (w	ceased olive on_ ve) (did) (did not)	view the body	ofter death.	. or	d that in (my) (our) api	inion deat	h occurred an th	ne date and h	our and from th	e couses stated	d
		226. SIGNATURE					DEGREE ATTENDIN	.ic .m	EDICAL	STAFF	22c. DAT	E SIGNED	
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1		ZZd. PHYSICIAN'	S NAME (TYPE OR	PRINT)	00		22e ADDRESS			-	7	0	
		Ephra	ZAIM C	13.15		7 C A	NEW		114ds	OR	md	2/7	76
		uriat, crematic Pecify) Buri		236. DATE			EMETERY OR CREMATO		CITY OR TOWN		COUNTY	STATE	
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24 FUNERAL DIRECTOR Charles W. Burrier, Jr., Sykesville, Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

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		FOR - STATE REGISTRAR		DEPARTM	CERTIF	IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		1	
		CEASED NAME FIRST SUSAN	LOU			INGS	July 16,		YEAR	26 HC
	3 SE	x Female	4 RACE White	е	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	
72	70 B	IRTHPLACE ISTATE OR FOREIGN Ountry) Ohio		WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	rcounty of		
60		stminster	11. NAME OF	HOSPITAL, NURSING HEACILITY GIVE STREET A	G HOME C ADDRESS)	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEW	ON F WORKING LIFE) Vife	126 KIND (OF BUSIN
25	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	PROTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Westmin	VI.	13d INSIDE CITY LIMITS? YES NO.	13. STREET ADDRESS	s Cree	ek Ro	ı.
06	14. F/	Jesse	WIDDLE	Morga	ın	15. MOTHER'S MAIDEN NA Matilda		Ę	Hugh	nes
	16a V	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECUI 219-14-		Robert M.	Jennings,		As #	¥13
		Conditions, if ony, which gove rise to immediate) (b)—	- Colored	-700			- V		
	z	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	r as a conseque		NOT RELATED TO THE TERM	D LINAL DISEASE OR CONE	DITION GIVEN	IN PART 1	01
	TIFICATION	underlying cause last.	CONDITIONS C	ontributing to d	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONF	20b. IF YES, WIN CERTIFYIN YES	VERE FINDI	NGS US
	CAL CERTIFICATION	underlying cause last. PART 2 OTHER SIGNIFICANT	CONDITIONS	Ontributing to D	<u>PEATH</u> BUT		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDI	NGS USE
	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS	ONTRIBUTING TO D ITION FOR WHICH (DE INJURY M. MONTH DA M.	OPERATIO Y YEAR 19	n was performed	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [IY IN ITEM 18, PART	VERE FINDI	NGS USE
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9		Underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has saw the decased alive of the control of the contr	CONDITIONS	ONTRIBUTING TO D ITION FOR WHICH (OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA Le deceased from 19	OPERATIO Y YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURION 216. LOCATION STREET 19 21 d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW A to 7-/6 death occurred on the do	20b. IF YES, WIN CERTIFYIN YES [YYIN ITEM 18, PART IN 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	VERE FIND II NG CAUSES I OR PART 2) COUNTY 226-DATE	NGS USS S OF DEA NO
	MEDICAL	Underlying couse last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK (I) (We) (did) (did of obove, (I) (we) (did) (did of obove, (I) (we) (did) (did of obove).	CONDITIONS	ONTRIBUTING TO D ITION FOR WHICH IT OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA ofter death.	OPERATIO Y YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURION STREET 219. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 20. 19. 19. 19. 20. 19. 19. 20. 19. 19. 19. 20. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN CITY OR TOWN ACCURATE OF INJUR CITY OR TOWN ACCURATE OF THE ACCURATE OF TH	20b. IF YES, WIN CERTIFYIN YES [YYIN ITEM 18, PART IN 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	VERE FIND II NG CAUSES I OR PART 2) COUNTY 226-DATE	NGS USI 5 OF DEA NO

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENES

1	- STATE REGISTRAR				CATE OF DEATH	REG.	۷٥.	0 1	
	ECEASED NAME FIRST DE OR PRINT) WILLI		H •	JON	ES	2a DATE OF DEATH	MONTH	DAY YEAR	26. HOURS
3. S	Male	4 RACE Blac	10	MONTH Dec.		6. AGE (IN YEARS LAST B		MONTHS DAYS	
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S	.A. v	VIDOWE		9 BALTIMORE CITY Carrol	_		MD
W	estminster	Carro	11 Co. Ger	nera	ROTHER INSTITUTION 1 Hospital	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Labore	OF WORKING L		OF BUSINESS OR
13a	JAL RESIDENCE (IF NURSING HOM STATE 136 CC Maryland Ca		GIVE RESIDENCE BEFORE AD 130 CITY OR TOWN Sykesvi]		13d INSIDE CITY LIMITS? YES NO.	13. STREET ADDRESS 841 St	reake	er Rd.	Υ.,
14. f	ATHER'S NAME William	WIDDIE	Jones		15 MOTHER'S MAIDEN NA/ Annie	May		Myer	AST S
160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	214-30-4		Ethel Gib		me As		OXIMATE INTERVAL NONSET AND DEATH
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, O	R AS A CONSEQUENCE	CE OF	DESTINATE TO THE TERM	NINAL DISEASE OR CO	OAAQ	IVEN IN PART 1	(0
CERTIFICATION	14a DATE OF OPERATION	19b. COND	ITION FOR WHICH OF	PERATION	WAS PERFORMED	YES NOW	IN CERT	ES, WERE FINDI TEYING CAUSE 'ES []	INGS USED S OF DEATH? NO []
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	DEATH HOUR A.	M. MONTH DAY M.	19	21s. HOW INJURY OCCURS 21s. LOCATION STREET	RED (ENTER NATURE O		, PART 1 OR PART 2) COUNTY	STATE
	22a I certify that (I) (this his saw the decepsed alive obove. (I) (well (did) (did 22b. SIGNATURE)	not) view the body	19 8		d that in (my) (par) opinion of the particle o		AFE /		that ut (we) lost e couses stated
23a	BURIAL, CREMATION, REMOV	7-9-			wiew	23d. LOCATION CITY OR TOWN		county ol.	ı. Mä.

AND BATE RUE OF CONSISTRANT 250 REGISTRANT'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

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shauld be detached for use os the burial-transit permit. Then please with the State Dept. of Heolth and Mental Hygiene prior to burial, cr TO FUNERAL DIRECTOR: After this certificate has been signed by

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

Charles W. Burrier, Jr., Sykesville, Md.

TELES TO LUMBER OF THE STATE OF Testing test word Los Serenal Roseital Leborer A business and a selection of forms a survey of ASSET SON . WHITE STATE STATE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0/
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may per retained by the haspital ar attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, price 1 should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 should be filed within 72 hours offill do the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.	- pr (8 +).

STATE OF MARYLAND

1 - STA			DEFAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		
	ED NAME FIRST		WIDDLE	U	AST	20. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOL
(TYPE OR PRINT) BARBARA 3. SEX 4 RACE		RA	0.	LLOY	TD .	you	7 7/980	6.
		4 RACE		5. DATE C		6 AGE IN YEARS LAST BIRTHD		
	Female	White	9	MONTH 7	24 1915	65	MONTHS DAYS	HOURS
7n BIRTHP	BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF			vo 0		9. BALTIMORE CITY OR		
COUNTR	(Y)	USA		MARRIE	D NEVER MARRIED DIVORCED	('arr	oll	
	y Land R TOWN OF DEATH			WIDOWE	OR OTHER INSTITUTION	120. USUAL OCCUPATION		
Hamp	stead	2618 Sr	ch facility, give stri ydersbu	rg Road		(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	
USUAL RE 130. STATE Md.	SIDENCE (IF NURSING HOME	UNTY	13c CITY OR TO Hampst	NWO	134 INSIDE CITY LIMITS?	136. STREET ADDRESS 2618 Snyder	sburg Road	
14. FATHER					15. MOTHER'S MAIDEN NA	ME		
	FIRST F	rank	Bole		Elsie	WIDDLE	Wertmil	ler
lán WASI	DECEASED EVER IN U.S.		16b. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS		
(YES, NO	O OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	213-24	-81,07	Mr. Wilton T	. Illoyd, Ham	nsteed Md	
	CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU				MI TILLOUIT I	de Alto, de Hour		XIMATE INTE
go	anditions, if any, which are rise to immediate	DUE TO, C	DR AS A CONSEC	DUENCE OF	Parcinon	ra of Bren	ast &	5 cm
go co un PAF	anditians, if any, which are rise to immediate use (a), stating the derlying couse lost.	DUE TO, C (b) DUE TO, C (c)	DR AS A CONSEC	DUENCE OF	Parcino m	na of Bren	TION GIVEN IN PART I	5 cy -1
go co un PAF	anditians, if any, which are rise to immediate use (a), stating the derlying couse lost.	DUE TO, C (b) DUE TO, C (c) IT CONDITIONS C	OR AS A CONSEC	DUENCE OF	PORCUMO M NOT RELATED TO THE TERM	70g AUTOPSY?	TION GIVEN IN PART I	INGS USE
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BP. DHMH - 16 25M (VR A 15 (4)) 9/74

Eline Funeral Home, Hampstead, Md. 21074

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3	Item 18b FOR STATE REGISTRAR	G546	8/21/80	dad	DEPAI
	- STATE REGISTRAR				

STATE OF MARYLAND

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		FOR STATE REGISTRAR	40 0/	21/00 0	DEPARTA	CERTIF	HEALTH AND MENTAL HYG	IENES C	REG. NO.	8 1	-	9	
		EASED NAME OR PRINT)	ALBER		MIDDLE	MANN	LAST		y 12, 198	_	AR	26. HOUR 10;45	P.
	3. SEX	Male		4 RACE Whi	te	S. DATE O	ch 6 ^{DAY} 1895 ^{AR}	81	RS LAST BIRTHDAY)		DAYS	HOURS A	MIN.
L	Fĩ	nksburg,	Md.		WHAT COUNTRY?	WIDOWE		9 BALTIMOR	Carrol		IH		MD.
	Fi	Finksburg (# Polle Poole			Poole R	Road (Type Of,			USUAL OCCUPATION VECOF, WORK FOR MOST OF WORK ING LIFE) RETIRED WELDER INDUSTRY			SOR	
5	USUA 13a Si	RESIDENCE (IF NUR	13 Car	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET A	DDRESS 1 Poole F	Road			
, (THER'S NAME FIRST 11ton		MIDDLE	Mann		15 MOTHER'S MAIDEN NAM Josephi		Middle Whale	en	LAST	711	
	16a W (YE	AS DECEASED EVER		MED FORCES? WAR OR DATES)	216-03-2		Mrs. Mary A.	Long	Finksbu	rg, Md	. ,		
		Conditions, if any gave rise to im-	MAS CAUSE IMMEDIA which mediate ing the	E CAUSE (o)	R AS A CONSEGUE	des Roy	a Dogter		ascular offic dis	0	Ko	ls 1/2	ATH.
	ATION	PART 2: OTHER SIG	/	ONDITIONS CO			NOT RELATED TO THE TERM IN WAS PERFORMED.	1706 AUTOR	/	ES, WEREA	/		
1	CERTIFICATION					O'CHAIL!		YES 🗆	NOT IN CER	TIFYING CAI	USES C		/
2	CAL	THE INJURY OCCUR	non	HOUR A.	M. MONTH DA	19	217 LOCATION STREET		ane car mounts in men is	Contract Contract		PATE	
		17s.1 certify that (I) saw the efficient above, (I) well 17s. SIGNATURE		tyte- of being			nd that in (my) (our) opinion (DEGREE ATTENDING PHYSICIAN D	/went w	on the date and b	-			100
		THE PHYSICIAN'S N	MRS	APS.	for the formation of	7	64Ma/H	A F	ERSEA	STOW	11/	250	1
		urial Cremation. 1111	REMOVAL	July 1	5, 1980 M	t. Zi	on Cemetery	734 LOCAT	nksburg,	Md.		fare	8

DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT, If lines 21 is

mpletely filled in by the furnital ond 2 should be filed within 72

24 FUNERAL DIRECTOR
Eline Funeral Home

Reisterstown, Md. 2 1136

250 DATE REC'S. PLYETINTRAR 251 REGISTRAP SUCHATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 asspital or attending physician.	ECTOR. After this certificate has been staned by the ottending physician and completely filled in by the
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	FOR STATE REGISTRAR			ARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENES O 1	8 8 0
	1. DECEASED NAME (TYPE OR PRINT)	H.	Pearl		rew	20 DATE OF DEATH MONTH	80 315
	Female	4	White	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY) 57 YRS	
5	70 BIRTHPLACE (STATE OR COUNTRY) Maryland		CITIZEN OF WHAT COUN	TRY? 8 MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY OR COUN Carroll C	
20	10 CITY OR TOWN OF DE Westminster		1. NAME OF HOSPITAL, NU (IF NOT IN SLICH FACILITY, GIVE arroll Count	JRSING HOME (STREET ADDRESS) THE COMPANY OF THE C	PROTHER INSTITUTION Hospital	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HWf	LIFE) 126 KIND OF BUSINESS INDUSTRY
5	Md.	136 COUNT	-	TOWN	YES 🔀 NO 🗌	3131 High Stre	et
61	14 FATHER'S NAME FIRST Walter		DDLE LAST	t	15 MOTHER'S MAIDEN NA/ FIRST Bertha	WIDDLE	Kolcher
1	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARM (IF YES, GIVE W	VAR OR DATES)	14-4483	Mr. R. Paul	McGrew, Manches	tern Md.
6)	PART 2 OTHER SIG	GNIFICANT CO	s froot	Dog	NOT RELATED TO THE TERM		IVEN IN PART 1(a) (ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH
9	OR CONTRACTOR	CAUSE OF DEATH	216, TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	_ _/	YES NO
	216 INJURY OCCUP	MHILE ORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the dece	sed alive of	il) standed the deceased for	(3)	nd that in (my) (aur) apinion (death accurred on the date and h	, 19, that (†) (we aur and from the causes state
1	III PHYSICIAN'S N	IAME ITHE CALL	Sonde	Kodo	ATTENDING EDITION E	MEDICAL STAFF	(1/1/1/8
	THE BURIAL CREMATION	REMOVAL	7-14-80		EMETERY OR CREMATORY	Manchester	Carroll Md.
ı	24 FUNERAL DIRECTOR Eline Fun				1250,434	REC DEN HORTER TEL MINE	THINK SPAIN BUSINESS

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND

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	3 SEX		4 RACE	5. DAT	TE OF BIRTH	YEAR	6. AGE (IN YE		DER 1 YR.	IF UNDER	24 HRS.	2c. DAT	E	MC	ONTH	DAY	YEAR	24 HOUE
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9		REIGN COUNTRY)			USA			WIDOW	ED NE	VER MARRI	IED G	Carr	roll	Com	ntar			Yest.
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1		PA		lams		11	ttles	town	YES NO R RD#1									
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l	16a V	AS DECEASE S. NO, OR UNKNO	DEVER IN U.S. A	ARMED FO			IAL SECURIT		17. INFORA				ADDR					118 0
l	NO						-52-4	537	Char	les :	H. M	lick.	lo I	R.	RD#	<i>‡</i> 1		
i		18. CAUSE O	F DEATH (Enter	only one c	ouse per line	or (o) (b)	ond (c).)			Litt	lest	own	, PA	17	340	APPR	OXMATE	INTERVAL AND DEATH
I		PARTIDE	ATH WAS CAUS	SED BY:	SE (a)	Mult	iple i	njuri	.es							BETWEE	IN ONSET	AND DEATH
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4	CERTIFICATION	10. DATE OF	OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							Ter								
l	ICA	178. DATE OF	OFERATION		18. 30.01.31													
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ı	MEDICAL	21d. INJURY C			21e. PLACE O STREET, FACTO				ATION	777		CITY OR TO	Chathi		COU	INITY	112	CTATE
I	2	AT WORK	NOT WHILE	St.	roa	d	10.1		vey F	Rd.		CITORIC	JWN.	(Car	roll		Md.
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			y that I took cha				[797]	Autops	-	Inspection		Inquiry	Г	ond in	my op	inion		
1		death result	ed from: No	turol cous	es L.J.	Accident	123, Su	icide	Homic		Undete	ermined m	nonner _	_].				
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	24. FL	HANE DIREC	TOR	11.0	ADDRESS		0			25a. DATE	REC'D BY	REGISTR.	AR 25b. R	EGISTRA	AR'S SI	GNATUR	E-dy	-
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FOR

DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0 1 8	8 8 3
WIDDLE	LAST	20 DATE OF DEATH MONTH DA	AY YEAR 25. HOUR
DAU: d	OWINGS	7 2	8 80 5:35 M
ACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
CAUC	Feb 15 1966	7 4 YRS	ONTHS DAYS HOURS MIN
ITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
4.54	WIDOWED DIVORCED	CARROIL	MD.
	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
LENC VIEW	Nuising Home	EATMER	FAMING
R INSTITUTION, GIVE RESIDENCE BEFORE	N, 1134 INSIDECITY LIMITS?	130 STREET ADDRESS	21

1 - STATE REGISTRAR DECEASED NAME FIRST (TYPE OR PRINT) Mer 3. SEX 70 BIRTHPLACE STATE OR FOREIGN 7b. C COUNTRY 201 e5 IDENCE (IF NURSING HOME OR OTHE 13a STATE 113b COUNTY 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 1 ... FIRST MIDDLE . LAST FIRST MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? nou NO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) ottended the deceased from 7-28saw the deceased alive an. and that in (my) aur) apinian death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h, SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

If Item 21 is morked or Item 18 DIRECTOR should be detached with the State Dept. FUNERAL MPORTANT 0 Tia BURIAL 23c NAME OF CEMETERY LOCATION BP 25a. DATE REC'D. BY REGISTRAR 25h. REST

DHMH - 16 60M 1/75 (VRA 15(4))

or other

to burial,

for use as the burial-transit permit of Health and Mental Hygiene prior

burial-transit certificate

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ATTENDING

HOSPITAL

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may	
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director rage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical examiner must be partified at ance.

STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	REG.	NO	8 1	8 4
1. DE	CE ASED NAME	FIRST	-	MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26. HOUR
(TYPE	OR PRINT)	ertie	L. Pal	mer			07-16-8	30		10:30 Ma
3. SE	X	4.1	RACE		5. DATE C		6. AGE (IN YEARS LAST B	IF UNDER 1 YEAR	IF UNDER 24 HRS	
-	female		KNX	cauc.	MONTH 02	2-25-05 YEAR	75	YRS	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	MHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D				MD.
	TY OR TOWN OF DEA lestminster		(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET .		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST housewii	OF WORKING		OF BUSINESS OR
130.5	AL RESIDENCE (IF NURS STATE Tyland	13b COUNTY Carro		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Westmins	N	134 INSIDE CITY LIMITS?	130. STREET ADDRESS	Freen	Street	
	VILLIAM	K.	- 4	Leppo	4	15. MOTHER'S MAIDEN NA FIRST Amelia	C. MIDDLE		idinger	
160 V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	100 E	. Green	St.
(,	NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	217-09-	9270	Mr. Emerson				Md. 21157
CERTIFICATION	Canditians, if any, gave rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA	nediate g the last. NIFICANT COR	DUE TO, O (b) DUE TO, O (c) NDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE ARTERIOS ONTRIBUTING TO D	NCE OF Clero	ial infarctio tic cardiovas NOT RELATED TO THE TERM	cualr disea	NDITION G	'ES, WERE FINDI	NGS USED
TEI			0.55				YES NO		TIFYING CAUSES YES 🔲	NO [
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	P.	M. MONTH DA M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	JURY IN ITEM 18	8, PART I OR PART 2)	
MED	AL MORK - AL WC	HILE		REET, FACTORY, OFFICE, F		2)f. LOCATION STREET	CITY OR T		COUNTY	STATE
	220.1 certify that (1)	(XXXXXII)	July J	e deceased from _ 5, 19	Apr 80	il 19 /6 nd that in (Xy) (aXX pinian	, 10		aur and fram the	
	224 PHYSICIAN'S NO	12/2	taley	mple	n	ATTENDING PHYSICIAN [MEDICAL ST	AFF ICIAN 🗌	7-1	7-80
	Richard N	17				Carroll Plaz	a, Suite #1	L2, We	estminst	er, Md.
23a E	BURIAL, CREMATION,	REMOVAL	236. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
Ė	urial	2.1	7-19-8		rroll	ton Curch Of				d.
	NAME NAME	fleto	_	S WODAL 33	Main	50.	E REC'D BY COUSTRA	R 250 REGI	STRANSSIGNAT	Me
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injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendin should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	D.		
1. DECE (TYPE OR	ASED NAME	ASON		M .	RO T	TE:	2a DATE C	OF DEATH		980	26 HOUR
3 SEX	Male		RACE White		5. DATE O		6 - SE (IN	YEARS LAST BIRTI		IF UNDER I YEAR	HOURS MIN
Ma	ryland		USA	what country?	WIDOWE	D S NEVER MARRIED DIVORCED	9 BALTIM	ORE CITY O			MD
	ORTOWN OF DEA tminster	тн				DR OTHER INSTITUTION L Hospital	TYPE OF WO	L OCCUPATION OF COLOR CO	ON F WORKING LIFE	126 KIND C INDUSTRY Gen	L Mdse
USUAL 13a STA		NG HOME OR O	TY	GIVE RESIDENCE BEFORE 134 CITY OR TOW Hampstes	'N_	13d INSIDE CITY LIMITS? YES NO T	132021	ADDRESS Hanov	er Av	M Pike	9
14 FATH	HER'S NAME	Eď	ward	Rote		15. MOTHER'S MAIDEN NA		izabet	h	Ho	ff
(YES,	S DECEASED EVER , NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 218-32-]		Mrs. Helen	Rote,	ADDRE Hamp st		Md.	
P	Conditions, if ony, gove rise to immr couse to, stoting underlying couse	ediote g the lost	(c)	r as a conseque	ence of	NOT RELATED TO THE TERM	MIN AL DISEA	SE OR CONI	DITION GIVI	EN IN PART 1	01
CERTIFICATION	a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?		, WERE FINDI	
MEDICAL	Ta ACCIDENT WAS UND OR CONTRIBUTING CO LIFETHER, NOTIFY MEDICA Td. INJURY OCCURR WHILE NOT WH	AUSE OF DEAT	P. 21e. PLACE	m. month d, m.	19	21c. HOW INJURY OCCUR	YES T	NO LATURE OF INJUR			NO _
22	20.1 certify that (I) sow the decease above, (I) (we) (d 26. SIGNATURE	(this hospited of olive on aid) (did not	View the body Variable PRINT)	diter deoth.		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [MEDICAI DIRECTO	L STAF R PHYSIC	F IAN []	and from the	
	CIAL, CREMATION, I		23b. DATE 7-28-	23c. 1	NAME OF C	EMETERY OR CREMATORY unt Ceme tery	23d. LOC			rroll	Matate Matte

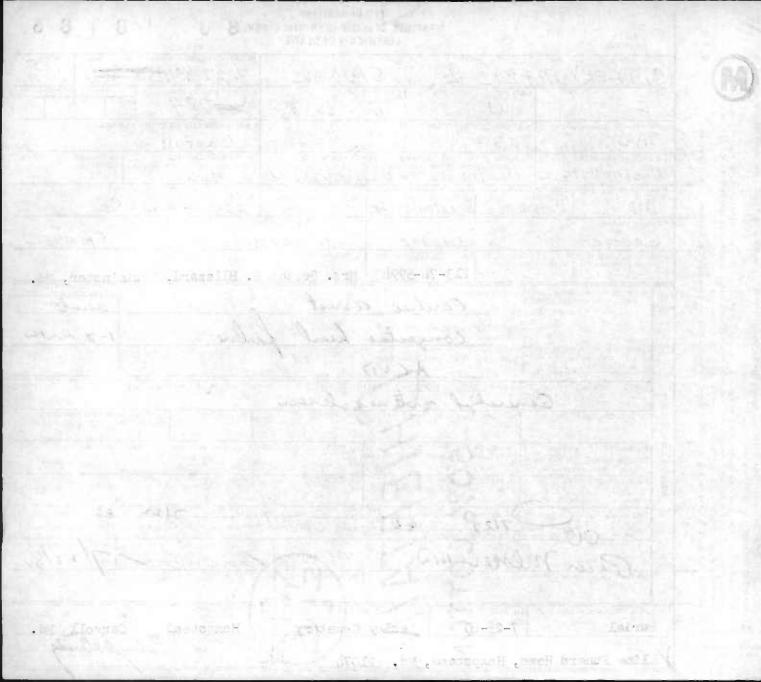
DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR Flime Funeral Home, Hampstead, Md. 21074 2911 TE 3E D. THE STRAR ISH REGISTRAR'S SKONATURE

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	1.	FOR STATE REGISTRAR	DEP A	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 ()	18186
	J. St.	CEASED NAME PIRST	AZIE L.	S. DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MON 7-22-804 6. AGE (IN YEARS LAST BIRTHDA	75 11 A
her deoth. Tage within 72 four within 60 four	C	RTHPLACE (STATE ORFOREIGN	76 CITIZEN OF WHAT COUNT USA 11. NAME OF HOSPITAL, NU	MARRIED LINEVER MARRIED LINEVE	Carroll 12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
bin 24 hours offer by filled in by the f should be filed with serimust be notified.	USU. 13a. S	nd CA	PROTHER INSTITUTION, GIVE RESIDENCE BY THE TOTAL OF THE T	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS? 7/USTER YES NO	130. STREET ADDRESS	101
e executed within ond completely Pages 1 and 2 s	16a. V	NTHER'S NAME FIRST VAS DECEASED EVER IN U.S. AI (IF YES, GN	MIDDLE WOOLL STREET FORCES? 16b. SOCIAL STREET FORCES? 213-71	ECURITY NO. 17 INFORMANT	MIDDLE	CMITI+
ow requires that the death certificate been signed by the attending physici rmit. Then please remove carbon paper prior to burial, cremotion, or removal. ony injury, or other troumatic event, the	CATION		eneralized a	COUENCE OF Section heart of	20a AUTOPSY? 20	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ALLLE 1-2 Months ON GIVEN IN PART 1(0) II. IF YES, WERE FINDINGS USED ICERTIFY ING CAUSES OF DEATH?
TENDING PHYSICIAN: The lot of or ottending physicion. OR: After this certificate has or use as the barrol-transit per if Health and Memtal Hygiene. It is marked or Item 18 shows.	MEDICAL CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES AT WORK NOT WHILE AT WORK AT WORK SOW the deceased alive of	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFI	DAY YEAR 19 21f. LOCATION STREET	YES NO REPORTED REPOR	YES NO
TO HOSPITAL OR ALL retained by the Rosp TO FLINERAL DIRECT should be detached? with the Store Dept. or	1	22d. PHUSICIAN'S NAME (TYPE)	ULICE MAINT) L 23b. DATE	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY	DIRECTOR PHYSICIAN 23d. LOCATION CITY OR TOWN	22c DATI SIGNED 7/22/80 OBUNTYSTATE
BP HMH - 16 50M 7/77 (VR A 15 (4))	24. FI	Burial UNERAL DIRECTOR	7-25-80 ADDRES Ome, Hampstead,	Wesley Cemetery Md. 21074 JU	Hampstead	Carrell Md.



BP. DHMH - 16 60M 1/75 (VR A 15 (4))

			STATE OF MARYLAND		
	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	IENES O	8 8 7
	REGISTRAR		CERTIFICATE OF DEATH	REG NO.	77
	1 DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LÄST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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1/1///	3 SEX 4	RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	F	CAuc.	april 6 1887	93 YRS	
A 12 27	70 BIRTHPLACE STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	TY OF DEATH
10 to 10	North Carolino	U.S. A	WIDOWED DIVORCED	Carroll	MD.
11 30	10 CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN HENOT IN SUCH FACILITY, GIVE STREET 	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR INDUSTRY
超 10	Manchester	Long View n		HW	f —
in a	USUAL RESIDENCE (IF NURSING HOME OR O 130 STATE 136 COUNT	1 130 CHY OR TOV	AN LIM INSIDE CITA FIWITZA	13e. STREET ADDRESS	
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etely I 2 sl	14 FATHERS NAME	DDLE LAST	15 MOTHER'S MAIDEN NAM	WIDDLE	LAST
completely	Joseph	Hill	SAIAL		Wise
ges I	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IFYES, GIVE W		URITY NO. 17 INFORMANT	ADDRESS	
Pog.	NO		.7846 Mrs. Pan	Struts.	Manchester, Md.
physicio npopers movol. vent, the	18 CAUSE OF DEATH Enter only	one couse per line for (o), (b), or	ndigit	ð	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE		terma		tyr
ottending tove corbo otion, or re roumotic e	4039	DUE TO, OR AS A CONSEQU	ENCE OF _	to Pa an	0
otter bove fron, our	Conditions, if any, which	6 Chrone	c artemoleus	he runal lus	eare syrs
the remo	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
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en pl en pl bur		NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1/0
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e prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	M IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
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certificate priol-transitional Hygis frem 18 sh	OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
buriol-tronsit Mentol Hygie or Item 18 sho	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	19 211 LOCATION		
d d d t	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
After e os th otth or norke	AT WORK - AT WORK -		1 772	Aut.	
	220.1 certify that (1) this hospital sow the deceased alive on	I) attended the deceased from	19/2	, to	, 19 (1) (we) lost
	obovy, (I) we (idid) did not)	view the body after death.		death occurred on the date and ha	
RAL DIREC detoched fote Dept. NT. If Item	226. SIGNATORE	7, 1	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
41 100		Town	PHYSICIAN D	DIRECTOR PHYSICIAN	6/2/10
should be dett with the Store MPORTANT:	22d. PHYSICIAN'S NAMES (TYPE OR P	RINE)	27. ADDRESS 322	3 Maris	t 1 2111
should be with the S	VV IT I-	OALL WI	Ma	malelete	110 21112
-	230 BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OF CREMATORY	Manchester C	COUNTY
		1-2-00	manuel Cemetery	Manchester C	arroll Md.
60M 1/75 5 (4))	24 FÜNERAL DIRECTOR PAGE FINE FUNERAL HOM	ADDRESS	id. 21074 JUL 8	4000	NA STATE OF THE ST
- (7//	FIRMS LABORAT HOM	e, nampstead, M	id. 21074 JUL 8	.000	



18 : 8

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HANR P 2a. DATE OF DEATH Middle Last 1. DECEASED-NAME First 2 deoth. unerol l ond Month (Type or print) 1980 Sutton Ina Susan July IF UNDER 24 HRS 6. AGE (In years JF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3. SEX hours ofter last birthday) 6-10-05 YRS. Female Black 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED Virginia papers U.S.A. WIDOWED T DIVORCED [7] Carroll County OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 completely filled 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR III ID. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY Springfield Hospital Ctr. please remove carbon Sykesville 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland Tab COUNTY City YES NO 3125 Baker St Baltimore 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Lost Nora Bownes George Finney ond 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates af service) removal, Records, Springfield Hospital Center 217-34-3303 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY months permit. Toxemia due to multiple debubiti 0 IMMEDIATE CAUSE (a) _ buriol, cremotion, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) Generalized arteriosclerosis vears rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (c) Arteriosclerotic cardiovascular disease vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been prior to CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 19a, DATE OF OPERATION SD CAUSES OF DEATH? NO 🗀 YES 🗍 for use Health p 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) the hospital or this certificote 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) af detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. 21d. INJURY OCCURRED City ar Tawn Caunty State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram. O1-15, 19-69, ta O7-04, 19-80, that (I) (we) last saw the deceased alive on O7-04, 19-80, and that in (my) (aur) apinian death accurred an the date and haur and train the 01-15 , 19 69 , ta 07-04 , 19_80, that (I) (we) last TO FUNERAL DIRECTOR: After be retained by causes stated abave, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE X DEGREE 7-11-80 director, page 3 should be filed v DIRECTOR PHYS. Page 4 moy b Springfield Hospital Center 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Sykesville, MD 2178L Else Hillgard, M.D. MAME OF CEMETERY OR CREMATORY LOCATION (City-ge-Town) 23a BURIAL, CREMATION. REMOVAL (Specify) 25b REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR ADDRESS FUNERAL DIRECTOR VR A15 (4) DATE !!!!

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	myllia, As 2278	solitica	ne Hallmard, Su	CT.

TENDING PHYSICIAN: The law requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages, Land 2 should be filled within 72 hours all with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance.

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STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	8 1 8 9
	CEASED NAME FIRST		MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	LYDIA	SU	SAN TA	TE	July 1	4, 1980 M
3. SE	х	4 RACE	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
1	FEMALE	WHI			5 YRS	
7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	IED NEVER MARRIED X	9 BALTIMORE CITY OR COUN	TY OF DEATH
Ba	ltimore, Md.		S. A. WIDOV	VED DIVORCED	Carroll Cou	ntv MD.
10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOME HE FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12% KIND OF BUSINESS OR INDUSTRY
	neytown	5175	Feeser Road		None	None
Ma		ROTHER INSTITUTION NTY A	Give residence before admission 13c. CITY OR TOWN Glen Burni	YES NO X	13e STREET ADDRESS 108 Central	Ave., N.W.
14. F.A	Wayne	MIDDLE B.	Tate	IS MOTHER'S MAIDEN NAME FIRST Alice	ME MIDDLE B.	cole
16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT (fat)	her) ADDRESS	
,		ne	None	Dr. Wayne		e as # 13
TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT		inal disease or condition of	SIVEN IN PART 1(0)
TIFICA	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERAT	ON WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DAY YEA M. 19	R	RED (ENTER NATURE OF INJURY IN ITEM 1:	3. PART 1 OR PART 2)
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hasp saw the deceased alive or obove, (I) (we) (did) (did not	ot) view the body	gHEr death.	DEGREE ATTENDING PHYSICIAN [] 22e ADDRESS	deoth occurred on the dote ond h	221. DATE SIGNED
23a. E	BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
1	Burial	July	15,80 Meado	Wridge Mem I	F 33 1 3	ward Md.
	ingleton Fur	BUIN	Home Glen E	23a. DAT	JUL 15 1980	Estas 19 Marchy

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) 6-8 8 1 1 2 serve units section a south to the and the second s

FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director and be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 72 hours af

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CERTIFICATION

MEDICAL

230. BURIAL, CREMA (SPECIFY) Ban 70 Bur

and Mental Hygiene prior to b

should be detoched for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prio MPORTANT: If them 21 is marked or them 18 shows any

ATTENDING PHYSICIAN: The offending phys

the hospital 080

	FOR
-	STATE
	REGISTRAI

Westminster

(YES, NO OR UNKNOWN)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	8	9	0
	•	*	0

12b. KIND OF BUSINESS OR

REGISTRAR					REG. NO.			
1. DECEASED NAME	FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
(TYPE OR PRINT)	Charles	T.	Tawney S	r.	July 79	1980	1511	0 1
3. SEX	4 RACE		5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24	HR5
Male	Wh	ite	August 24 18	389°	90 YRS	MONTHS DAYS	HOURS	MIN.
70 BIRTHPLACE (STATE)	OR FOREIGN 76 CITIZE	N OF WHAT COU			9 BALTIMORE CITY OR COUN	TY OF DEATH		
carroll Cou	ntv U.	S.A.	MARRIED NEVER MA	KKIED .	Carrol	7		

10 CITY OR TOWN OF DEATH

(IF YES, GIVE WAR OR DATES)

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Carroll County General Hospital

216-07-1082

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired WesternMd. Railroad 21157 St Green

USUAL RESIDENCE (IF NUR 130, STATE Maryland		GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR JOWN WESTMINSTER		134 STREET ADDRESS	21157
maryland	Carroll	Westminster	YES 🔼 NO 🗌	116 Desperator St	. West. Md
14. FATHER'S NAME James	T.	Tawney	15. MOTHER'S MAIDEN NAM FIRST Maggie	WIDDLE	Shriner
	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	Westminster	, Md. 2115

N O	(IF YES, GIVE WAR OR DATES)	216-07-4812	Irene T. Har	baugh 116 EastXXII	An St.
PART I. DEATH W	DUE TO, Co	OR AS A CONSEQUENCE OF		accident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
underlying couse	lost (c)	AS A CONSEQUENCE OF			

PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION GIVEN IN PART 1101
	Brondo preumonia		
LO DATE OF ODERATION	THE CONDITION FOR WHITE LARRATION WAS DEPENDING	Tab. AUTODOVA	201 IE VEC MEDE ENIDINGE

	Browcholon	eum	revig					
190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION	N WAS PERFORMED	MED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
				YES 🗌	NO	YES 🗌		NO 🗌
21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURRED	D (ENTERN	ATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR						
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION					
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FAR	RM, ETC.)	STREET		CITY OR TO	WN CC	YTHUC	STATE

Σ	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	SINCE	CHIOKIOWI	STATE
	sow the deceased plive o	ortol) ottended the deceosed from	nd that in (my) (our) apinion	,	, 19 , that (1) (we) lost I hour and from the causes stated
	22b. SIGNATURE		DEGREE		22c. DATE SIGNED

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Chitrochedu Nogames	ATTENDING DEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	17/7/50
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	

CHITRACHEDU NAGANNA 174 E Main St- Well minter MD 21157

ial	m)	Kriders Cemetery	Westminster	Carroll	Md.
ION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION		

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

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6 (. I.E. versen forauf personal residence of the second seco TANKS OF STREET THE PERSON OF STREET AND ADDRESS OF STREET STREET, STR

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

etuined by the hospital or attending physicion.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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REGISTRAR				CERTIF	ICATE O	FDEATH	F	REG. NO.				
DECEASED NAME	FIRST		MIDDLE	L	AST	****	20 DATE OF DE	ATH MONTH	DAY	YEAR	26. HOU	R
YPE OR PRINT)	Elva	D	Wine	Wan.	The of the second			1	2 1	980		W
CEN	птля	4 RACE	Wine	15. DATE C	ehime		6. AGE (IN YEARS	LILL Y		DER I YEAR	IF UNDER	24 HRS
SEX		* RACE		MONTH			,		MONTHS	S. DAYS	HOURS	MIN,
Fema		Whit		7	5_	1898	9. BALTIMORE			EATH		
BIRTHPLACE (ST.	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVE	R MARRIED	Y. BALTIMORE	LIIY <u>OK</u> COO	MITOFD	EAIII		
Md		US		WIDOWE		DIVORCED		Carrol	1			MD
CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN		OR OTHER I	NSTITUTION	12a. USUAL OCC			b. KIND C IDUSTRY	OF BUSINE	iss or
Westmin	ster		New Back		Valle	ev Rd	housew	ife		hor	le	
JAL RESIDENCE	(IF NURSING HOME	OR OTHER INSTITUTIO	N, GIVE RESIDENCE BEFOR	E ADMISSION)		E CITY LIMITS?	13e STREET ADD	DECC				
. STATE	136 CO		13c. CITY OR TOW		YES T	NO See		lew Rac	leman	- Va	llev	r P
MD FATHER'S NAME	Car	COTT	IWestmin	ster		ER'S MAIDEN NA		ew Bac	k man	5 10		- 10
FIRST		MIDDLE	LAST			FIRST	- M	IDDLE	150	LAS		
Howar		H	Wine			Annie		ADDRESS		Sho	11_	
WAS DECEASED	DEVER IN U.S.	ARMED FORCES?	166 SOCIAL SECT	JRITY NO.	17. INFOR	MANT		ADDRESS		1		
no	(11.120)		212-74-	0052	Cly	de M. Wa	rehime.	1VEST	HINSK	u_	MATE INTER	
	Jour	T, CONDITIONS (CONTRIBUTING TO	A SE OPERATIO	March	PED TO THE TERM	20a AUTOPS	Y? [20b. I	F YES, WE ERT IFY ING YES T	RE FINDI	NGS USE	TH?
00.000,7000,171	WAS UNDERLYING	L 110110	OF INJURY A.M. MONTH D	AY YEAR		V INJURY OCCUR				OR PART 2)		
(IF EITHER, NOT	IFY MEDICAL EXAMIN	ER)	P.M	19		151011					-	
21d. INJURY			E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOC	REET	CI	TY OR TOWN	C	OUNTY	S	TATE
AT WORK	NOT WHILE			7.1				1		-		
220.1 certify	that (I) (this ha	spital) attended	the deceased fram,	1101	,		10 7 48	14/7	, 19		, that (1). (
		on		79	and that in (my) (ppinian	death acturred	The date and	haur and	from the	causes st	ated
221 SIGNATI		Now the op	dy differ death. /	1 5	DEGREE		-			22c. DATE	SIGNED	
Ves	(early	Tall	umid	-0	h X	ATTENDING	DIRECTOR [STAFF	1	7.	-AX14	4-8
70-0	AN'S NAME ETY	\ <u>\</u>	the state of	1/	122 ADD	PHYSICIAN	DIRECTOR	FITTSICIAIN				
Bless	ARD /	DAL	ZYMA	le'		roll Pla	za, West	minster	, Md	. 21	157	
a. BURIAL, CREM	ATION, REMOV	AL 73h DATE	1/100	NAME OF	CEMETERY	OR CREMATORY	23d. LOCATI	ON A	COU	NTY	ST	TATE
(SPECIES)		2/	75/80	D4 7		OH OF THE PARTY OF	10000	WISEL	CA	novi	/	no
FUNERAL DIRE			13/00	DIXIE	rs C	14.20 PA	TE RECID- BY PEG	BIRAH 25h, RE	GISTRAR	S SIGN A	PURE	-
June /	11-1	-//	/ ADDESS	. 1	an	"5·90	TT 9 138	0 /	area.	Much	needy	1
V. Ple	sull	12 1	wester.	RAKER	Mex-	219			_		-	_

DHMH - 16 25M (VR A 15 (4)) 9/74

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction is though be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after many the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. in the State Dept. of Health and Mental Hygiene prior to ouriar, cremonius, ar remover.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at once.

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D	CAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF ANY DELAY IS NECESSATHE CERTIFICATE, WRITING THE WORD, "PENDING", IN PENCIL IN ITEM IN GIVE PACES 1, 2, AND 3.10. THE FILINERAL	SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR	RAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHIN	ATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W, PRESTC	3
	DELAY IS	IN PAGE	D BE FILE	RDS, 301	6
.21201	AND S	3. RETA	SHOULD	AL RECOR	5
ORE, MD	AGES 1	SRM PM	1 AND 2	OFVITA)(
BALTIM	URS AFTE	WITH FC	. PAGES	DIVISION	
TON ST.,	N 24 HO	ALONG	T PERMIT.	YGIENE,	AL.
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	PENCIL IN	AMINER	L-TRANSI	ENTAL H	RE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
RDS, 301	EXECUTE ING.	DICAL EX	A BURIA	H AND M	TION, OR
AL RECO	OULD BE	HIEF ME	USED AS	F HEALT	L, CREMA
N OF VIT	ICATE SH	THE C	ULD BE	TMENT C	OBURIAL
DIVISIO	S CERTIF	RDED TC	SE 3 SHC	E DEPAR	I PRIOR I
	CATE WE	FORWA	OR: PAG	THE STAT	JD,21201
D	CERTIFIC	OULD BE	DIRECT	, WITH I	MARYLAN
	CAL	SHC	RAL	ATH	RE, A

	1-	FOR STATE REGISTRAR			DEPARTMENT O	F HEALTI	AND MENTAL H	EDECTUO	8	19	2
(M)		CEASED NAME OR PRINT)	NE FIRST		MIDDLE	TTER 3	LAST	20 DATE KNOWN	MONTH	DAY YEAR	2b. HOU
120.1			DOUGL		R EESE	WEISHAAR, JR. WEISHAAR, JR. DEATH MATED 7 23 10 80 10 10 10 10 10 10 10 10 10 10 10 10 10					
DIRECTOR FOR PLE TO STEEL OUR FOR STEEL ON STEEL STEEL ON STEEL ST	3. SE)	male	4. RACE white		1972 TAST BIRTS	HDAY) MONT		MIN. PRONOUNCED DEAD	7-	23 80	10
VITHIN WITHIN	Ma	RTHPLACE (SPECIAL COUNTRY)	1	76. CITIZEN OF WE	HAT COUNTRY?			™ 🖳 Carroll C	ounty	Y OF DEATH	M
PAGE PAGE ST NO THE PAGE SE FILED,	W	estmin	ister	Carroll	Co. Hospi	ta1	HER INSTITUTION	FOR MOST OF WORKING LIFE!	E OF WORK	OR INDUST	JSINESS IRY
RECORD	13a. S	TATE	d Carro	R OTHER INSTITUTION, GR	13c. CITY OR TOWN Finksbur	SSION)	13d. INSIDE CITY LIMITS? YES NO C	13. STREET ADDRESS 4102 Sykesvil	le Rd.	Finks	ourg
PM S 1. 2	14. F./	ouglas	Reese We	ishaar Si	LAST		15. MOTHER'S MAIDE Bonnie	N NAME MIDDLE		LAST	2012
X 4 8 - 7	160. V	VAS DECEASE ES, NO, OR UNKNI O	DEVER IN U.S. ARA		16b. SOCIAL SECUR	ITY NO.					
URS AFTE B. GIVE P WITH FO PAGES DIVISION	1	10					Bonnie C.	Weishaar same	as #	13	
124 HOUR ITEM 1B. ALONG W PERMIT. P GIENE, DI	2	18 CAUSE C PARTID	EATH WAS CAUSED	BY: E CAUSE (a)	for (o), (b), and (c).) Multiple i		es		318		
ER NSII	1		ins, if ony, which	0.							
CUTED W. IN PENC. EXAMINATION OF REMITS OF REM			ise to immediate) stating the <u>under-</u> use last.	DUE TO, OR	AS A CONSEQUENC	E OF			TV.		112
BE EXENDING" AEDICAL AS A BU ALTH AN	NO	PART 2 OTHER S	IGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISEAS	E OR CONDITION GIVEN IN PAR	₹7 å (a).			
SHOULD ORD "PER CHIEF A E USED OF HEA (AL, CRE/	MEDICAL CERTIFICATION	19a. DATE OF	FOPERATION	196 CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?		0		_
FICATE SH THE WORE TO THE CH TOULD BE UNITED OF TO BURIAL	CAL CER	UNDERLYING	AL CAUSE WAS GOR ING CAUSE OF D	216. TIME OF 10:584 P.M		30 21c. H	ow MJURY OCCURRED	cuck by auto	PART I OR PAR	T 2)	
ARITING ARDED T GE 3 SH VTE DEPA 01 PRIOR	MEDI	21d. INJURY (WHILE AT WORK	OCCURRED NOT WHILE X AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)			Rt.91 TY OR TO Sykes	7 i116 ,	™Maryla	ind STATE
EXAMINER: TI CERTIFICATE, V LID BE FORW DIRECTOR: PA WITH THE STA ARYLAND, 212			ify that I taak charge	e af the remains desi	Accident XX				nd in my api	nian	
CAL EXA		ACTUAL SIGNATURE	Ma	pute !	neyhel	N		t_MEDICAL EXAMINER	DATE SIGNED	23-80	
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA	-	EXAMINER'S (TYPE OR PRI	NT)		Kore'11, M		ADDRESS				
BP	(5	Burial		7-25-80	Lake Vi	.ew Me	morial	Eldersburg Ca	rroll	Maryla	nd.
DHMH - 17 (VR A15 ME (5)) 15M7/77	Th	omas D	• Fletche	r & Son W	54 E. Main estminster	Md.	21157 ZSG. DATE R	JUL Z 8 1980 REG	SUARSA	y anough	7

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Marine C. T. Steeler & Son Scott nester 10. Click

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	1	FOR	DEDARTA	STATE OF A	ARYLAND AND MENTAL H	VOINIE			
(1)	1-	STATE REGISTRAR			CERTIFICATE O	EDEATE	8 1	12 19 80 A H DAY YEAR 2d HOUE 12 19 80 B:4 NITY OF DEATH DUNTY MD K 12b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTIO Rd. Rt. 2 LAST Glass Bridge Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES NO D PART 2) COUNTY STATE COUNTY STATE	
(5)		CEASED NAME FIRST	MIDDLE		LAST	KEG. NC		7 12 19 80 MONTH DAY YEAR 2d HOUY 7 12 19 80 8:4 COUNTY OF DEATH COUNTY OF DEATH COUNTY OF BUSINESS OR INDUSTRY CONSTRUCTIO Rd. Rt. 2 LAST Glass PRINTER ONSET AND DEATH BETWEEN ONSET AND DEATH 20. AUTOPSY? YES NO TIOR PART 2) COUNTY STATE	
ASSE		E OR PRINT) Glen: XXXVX	ard Edward	word W	etzel. Sr.	OF ESTI-	REG. NO. 20. DATE KNOWN XX MONTH DAY YEAR 20. HOUR OF ESTI-DEATH MATED 7 12 19 80 7 12 19 19 19 19 19 19 19 19 19 19 19 19 19		
HALL SE	3. SEX	4. RACE	5. DATE OF BIRTH	LAST BIRTHDAY	DER 1 YR. IF UNDER		MONTH DA	Y YEAR 2d. H	IOUI
北西代/		ale White	7 31 39	40 YRS.	DATA HOOKS		7 12	19 80 8	:4
PRE PRE		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARR	IED NEVER MARRIE	D 🔲 🗕	_		
7		aryland TY OR TOWN OF DEATH	U.S.A.	WIDOW					ME
LAY IS NO THE PROPERTY IS NO THE PROPERTY IN THE PROPERTY IS NO THE PROPERTY IN THE PROPERTY I	We	stminster	(IF NOT IN SUCH FACILITY, GIVE STR Carroll Cour	EET ADDRESS) DOA		FOR MOST OF WORKING LIFE)		OR INDUSTRY	
TAIN POLL	USU A	L RESIDENCE (IF IN NURSING MOME OF	OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)			COL	ISTRUCT	10
Z A A A DOLLAR			erick Unio	n Bridge			n Rd.	Rt. 2	
MD. 2 S 1, 2, PM 3. VD 2 SI	14. F/	THER'S NAME FIRST	WIDDLE	AST	15. MOTHER'S MAIDE	NAME			-
ORE, M REDEAT AGES TAND		Glenard	E. Wet		Doroth	v	(
MORE, TER DE PAGE FORM SS 1-AP	16s. V	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W		AL SECURITY NO.	17. INFORMANT	ADDRESS R.C.	. 2		
BALTIMORE, MD URS AFTER DEATH S. GIVE PAGES 1, WITH FORM PM PAGES 1-AND 2 DIVISION OF WITH		No none		36-5745	Pamela H	. Wetzel Uni	on Bri	dge, Mo	d.
28 F		 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED 	DV.				86	APPROXIMATE INTERV	AL EATH
PRESTON ST., WITHIN 24 HOL CIL IN ITEM 18 NER ALONG ANSIT PERMIT. MOVAL.		MMEDIATE	CAUSE (a) Arterios		Cardiovascu	llar Disease			
A Z Z Z E Z Z		Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF					
OI W. PREST JIED WITHIN EX ARNORER IAL-TRANSIT MENTAL HY OR REMOVAL		gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A CONS	EQUENCE OF					
		lying cause last.	(c)	EQUENCE OF					
		PART 2 OTHER SIGNIFICANT CONDITIONS CO		D TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PAR	I 1 (a).			_
TAL RECORD HOULD BE EX RD "PENDING CHEF MEDIC USED AS A OF HEALTH A	ON								
ITAL RESHOULD SHOULD SED "PE CHIEF" E USED OF HE, CRE	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION W	AS PERFORMED?		20	AUTOPSY?	
VITAL SHO ORD ORD ORD IT OF RIAL	1 =						74L	YES 🔼 NO	
NOF VI		218. EXTERNAL CAUSE WAS UNDERLYING OR	HOUR A.M. MONTH I	DAY YEAR 21c. HO	OW INJURY OCCURRED) (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)		
IVISION CERTIFIC TING TH DED TO 3 SHOU DEPARTA PRIOR JO	MEDICAL	CONTRIBUTING CAUSE OF DI		19 (AT HOME. 211, LO	CATION				-
DIVISION HIS CERTIING WRITING TARDED TO THE DEPAIRMENT TO THE DEPAIRMENT TO THE DEPAIRMENT TO THE DEPAIRMENT TO THE THE TERMENT TO THE TERMENT THE TERMENT TO THE TERMENT T	ME	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC		TREET	CITY OR TOWN	COUNTY	51.	ATE
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NER: ICATE FOR: TOR: THE S		22s. I certify that I taok charas	TOTAL OF				l in my apinian		
ME BOLY	1	death resulted from Autura	Acetsegn L	, Suicide	, Hamicide	Undetermined manner,			
CAL EXA THE CER THE CER SHOULD REAL DIRE TATH, WITH		ACTUAL	NA (X) Tus	1	TITLE (SPECIFY)	of		7_13_80	
SHOE SHOE	0	SIGNATURE	The state of the s	4	Directory Offi	MEDICAL EXAMINER	SIGNED	7-17-00	
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNETH TO EASTH. AFTER DEATH. BALTIMORE, MA		EXAMINER'S NAME (TYPE OR PRINT) T	nomas D. Smith	, M.D.	ADDRESS 111	Penn Street			
PACT AFT	23a.Bl	JRIAL, CREMATION, REMOVAL 231	DATE 23c. NA	ME OF CEMETERY O		23d. LOCATION	COUNTY	CTAYE	
BP	1	Burial /	7/15/80 Lin	ganore C	emeterv				
DHMH - 17 (VR A15 ME (5))	24.59	NERAL DIRECTOR	Apoptess ·	· · · ·		C'D. BY REGISTRAR	ARAR PARE	TURE	
15M 7/77	1	x. D. Large	~ Chory	udge, //	d. JUL 1	2 1300	y/new	looky	

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requires that the deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pishould be detached for use as the burial-transit permit. The please remove carbanpopers. Pages 1 and 2 should be filled within 72 hours afterwith the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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1.	- STATE REGISTRAR		CERTIFICAT	TE OF DEATH	REG. N	٧٥.	
	ECEASED NAME FIRST MEN	IRY C.	YELT	-0 N	July		26. HOUR 7. 50
3. SE	×	4 RACE-	5. DATE OF BIR	DAY YEAR	6. AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HR DAYS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	TRY? 8. MARRIED WIDOWED	NEVER MARRIED &	9 BALTIMORE CITY	OR COUNTY OF DEA	
0	West-minker	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	STREET ADDRESS)	HER INSTITUTION OSPOREL	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE) INDU	IND OF BUSINESS C
E 13a. S	100		TOWN 13d I		13 PERET ADDRESS		21107
40	Charles R. Y	MIDDLE LAST		MOTHER'S MAIDEN NAM	_	TREET	LAST
		VE WAR OR DATES)	SECURITY NO. 17 IN	Jane Ye	Itom R	41.mil	les . mel
Z	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE (b) ME7 DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	EQUENCE OF UR	LINARY	182 NO	DER.	ART 1(o)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH		TUMOR.	200 AUTOPSY?		FINDINGS USED AUSES OF DEATH?
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURRI			ART 2)
MEDI	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	LOCATION STREET	CITY OR TO	OWN COUN	TY STATE
	22a I certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no	3.16.	19, and tha	19, 19 at in (my) (our) opinion d	death occurred on the	dote and hour and fro	
		my. til	J		MEDICAL STA	AFF _	2 · 17 · 8
	SUREST	/ / .	Dn. 22e	Carroll	Co. 6.	en. trosp	. Wilem
23a. E	BURIAL, CREMATION, REMOVAL			TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	A COUNTY	STATE

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

250. DATFREC'D. BY REGISTRAR 256. REGISTRAR'S MONATURE

